

To Do or Not To Do

OBJECTIVES:

To understand the use of the “armchair” method of assessment; to evaluate present fitness level and prioritize fitness goals.

LIFE SKILL:

To promote physical activity and exercise as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

INFORMATION:

This lesson is designed to provide a general appraisal of an individual’s perceived fitness level and the reasons for regular fitness participation. It can be used to raise awareness of needed behavioral change in teenagers and young adults. It provides a framework for identification of realistic goals and establishment of personal priorities.

The students should be instructed on the reporting of present fitness levels. If fitness testing has already been conducted, the teacher can direct the students to enter actual test scores and provide them with information to permit sound judgments in categorizing their scores as good, fair, or poor. Even if students have been adequately prepared to assess their level of fitness relating to each of the five components on their own or with a partner’s help, they will still need additional interpretation for reporting their fitness levels.

CLASS ARRANGEMENT:

Large group.

INSTRUCTIONAL STRATEGIES:

1. Students will identify the reason why they would like to exercise by self-assessing their present fitness level (see table below).
2. Students will identify, prioritize, and specify their fitness goals using the charts below.

Health Concerns

- _____ I'm overweight
_____ I don't eat nutritiously
_____ I smoke
_____ I don't exercise regularly
_____ (Other) _____

Health and Fitness Goals

- _____ I'd like to lose weight
_____ I'd like to eat properly
_____ I'd like to cut down on smoking
_____ I'd like to quit smoking
_____ I'd like to exercise regularly
_____ (Other) _____

Prioritizing the Goals - (List the goals in the order of their importance.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

My most important goal(s) is/are to:

Itemize Your Priority Goals Specifically

- _____ I plan to lose _____ pounds within _____ weeks/months.
- _____ I plan to work up to _____ minutes of _____ activity _____ times per week. I will accomplish this in _____ weeks.
- _____ I plan to cut my smoking down to _____ cigarettes per day within _____ days/weeks.
- _____ (Other) I plan to _____

Why I need to exercise: _____

My present fitness level is:

	Flexibility	Muscular Endurance	Muscular Strength	Cardiovascular Endurance	% Body Fat
Good					
Fair					
Poor					

How Good Is It?

OBJECTIVE:

To identify a variety of fitness promoting activities.

LIFE SKILL:

To promote physical activity and exercise as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

EQUIPMENT/MATERIALS:

Activity Chart (see Grade 9 Handout Masters).

INFORMATION:

When designing a physical fitness program, a variety of activities should be considered. The selection of activities should be based on individuals' goals, skill level, environment, enjoyment, and cost. The activities listed in the activity chart make specific contributions to the development of health-related fitness components. While the chart provides only a rough estimate, it can be helpful in the overall assessment.

CLASS ARRANGEMENT:

Large group.

INSTRUCTIONAL STRATEGIES:

1. Students will list their favorite exercise and identify its contribution to the health-related fitness components.
2. Students will participate in physical activity designed to enhance one or more selected health-related fitness components listed in the activity chart.
3. Students will select activities from the activity charts that provide a medium to high level overall program related to health-related fitness components, i.e., combine aerobic dance and weight training (high level in all areas) or backpacking/hiking (high to medium levels in all areas).

EVALUATION/MODIFICATION:

Assign a numerical value to the classifications (low = 1, medium = 2, high = 3) as listed in the activity chart. Which activity makes the highest contribution? Which is the lowest? Why?

TAKE YOUR PICK

OBJECTIVE:

To participate in an exercise program that maintains students' interests.

LIFE SKILL:

To promote physical activity and exercise as part of a healthy lifestyle.

TEACHING FACILITY:

Large, open area (indoor or outdoor).

EQUIPMENT/MATERIALS:

"Progressive Exercise Program" (see Grade 9 Handout Masters), stopwatch.

INFORMATION:

At the beginning of the semester, students will select a physical activity goal. The number of points each student earns will depend upon how well the individual goal is achieved. Testing will be done at the end of the semester (6-week/12-week reporting periods).

CLASS ARRANGEMENT:

Individuals or pairs.

SKILLS NEEDED:

Pacing (long distance), correct execution of exercises in "Progressive Exercise Program."

INSTRUCTIONAL STRATEGIES:

A student selecting a physical activity goal will earn points by demonstrating evidence of participation in a physical activity program by one of the following methods:

1. Progressive Exercise Program (PEP) and One Mile Continuous Jog. The student will perform the required number of repetitions of all 13 exercises at the highest level he/she can complete within 12 minutes. Points will be subtracted for incorrect execution of any exercise. The student must also be able to jog at his/her own pace for one mile (4 laps around the track). The jog must be continuous--there can be no walking or stopping. There is no time limit for the jogging (see Chart A of the Handout Masters).

2. Continuous Jog and Exercises. The student will jog or run around the track, attempting to complete as many laps as possible without stopping or walking (there is no time limit for this). Each student may jog at his/her own pace. The student must also be able to perform repetitions of exercises--curl-ups and push-ups. Points will be subtracted for incorrect execution of either exercise. The curl-ups will be performed with bent knees (feet held down) and arms across chest. Push-ups will be performed full length (see Chart B of the Handout Masters).
3. 1.5 Mile Walk/Jog/Run. The student will cover a distance of 1.5 miles (six laps of the track) within the shortest amount of time possible. There is no penalty for stopping or walking (see Chart C of the Handout Masters).

MAKE A CHOICE

OBJECTIVE:

To learn how to meet fitness goals by participating in a program of the student's choice.

LIFE SKILL:

To promote physical activity and exercise as part of a healthy lifestyle.

TEACHING FACILITY:

Large, open area (indoor or outdoor).

EQUIPMENT/MATERIALS:

"Progressive Exercise Program" (see Grade 9 Handout Masters), stopwatch.

INFORMATION:

At the beginning of the semester each student will select either a weight loss goal (which requires a physical activity) or a physical activity goal. The number of points each student earns will depend upon how well the individual goal is achieved. Testing will be done after 10 or 20 weeks.

CLASS ARRANGEMENT:

Individuals or pairs.

SKILLS NEEDED:

Pacing (long distance), correct execution of "Progressive Exercise Program."

INSTRUCTIONAL STRATEGIES:

1. Achievement of Body Tissue Weight Loss: 200 points.

The student and the instructor will determine the number of pounds (5 to 10) the students will try to lose. Present weight and body build will be taken into consideration. The number of points earned will be determined by the following formula:

$$\frac{\text{Number of lbs. lost}}{\text{Number of lbs. goal}} \times 200$$

(Student electing a weight-loss goal will also have an opportunity to earn 50 points by keeping a daily record of food and caloric intake from the mid-term to the end of the semester. These records should be turned into the instructor at the beginning of each week. Points earned for keeping a daily record may be added to weight-loss points only to the extent that the maximum for this (200 points) is realized (e.g., if weight loss points are 150 or less, 50 points may be added for a daily record; but if weight loss points are more than 150, only the difference between that and 200 points may be added.)

2. Evidence of Participation in a Physical Activity Program: 150 Points.

This may be demonstrated by one of the following methods:

- a. Progressive Exercise Program (PEP) and One Mile Continuous Jog - The student will perform the required repetitions of all 13 exercises at the above level within 12 minutes. Points will be subtracted for incorrect execution of any exercise. The student must be able to jog at his/her own pace for one mile (four laps of the track). The jog must be continuous; there can be no walking or stopping. There is no time limit for jogging.
- b. Continuous Jog and Exercises - 1.5 miles (6 laps), 35 curl-ups, and 15 push-ups. The student will jog or run around the track, attempting to complete six laps without stopping or walking. There is no time limit for this. Each student must also be able to perform the number of repetitions of curl-ups and push-ups indicated above. The curl-ups are to be performed with bent knees and arms across the chest. Points will be subtracted for incorrect execution of the exercises.
- c. 1.5 Mile Walk/Jog/Run - 14 minutes. The student will cover a distance of 1.5 miles (6 laps) within the time indicated above. There is no penalty for stopping or walking.

Grade

9

LEVEL:
SECONDARY

SOCCER

OBJECTIVE:

To learn locomotor and manipulation skills.

LIFE SKILL:

To promote physical activity and exercise as part of a healthy lifestyle.

TEACHING FACILITY:

Large open area (indoor or outdoor).

EQUIPMENT/MATERIALS:

One ball per two students.

INFORMATION:

Shooting a soccer ball is the most rewarding of all techniques, but for many players it is the most difficult. The technique of shooting with the feet is almost identical to passing.

Two techniques are appropriate for school-aged students: side-foot shot and low-drive instep shot.

CLASS ARRANGEMENT:

Class divided in groups of two.

SKILLS NEEDED:

Running, stopping, balancing, dribbling, passing, trapping.

INSTRUCTIONAL STRATEGIES:

1. Partner Activities
 - a. Pass ball back and forth, contacting ball with side of foot.
 - b. Pass ball back and forth, contacting the ball with the instep.
 - c. Partners pass back and forth until one person is ready to take a direct shot against the wall.

- d. Wall dodge ball—one person stands by the wall and the partner is back a specified distance. The kicker attempts to hit the person by the wall with the ball. The person at the wall has a limited area in which to move.
- e. Area dodge ball—traveling anywhere, the kicker attempts to hit his partner with the ball.

2. Lead-up Game: Clear-Out

The class is divided into two groups, each to a designated area. The object of the game is to keep your area free of balls and to get as many balls as possible into your opponent's end. The players must always stay in their own area. All kicks must be kept below stipulated height. The game can be modified by having players pass the ball to a teammate before it is kicked to the opponent's court or by having students kick only from a specific area.

EVALUATION/MODIFICATION:

Evaluate student's ability to perform the desirable skill using the following clues:

- 1. Are students' eyes focused on the ball?
- 2. Is the contact with the ball made with the inside of the foot or the instep of the foot?
- 3. Does the kicking foot follow the intended direction of the ball?

Grade

9

LEVEL:
SECONDARY

ULTIMATE FRISBEE

OBJECTIVE:

To understand how to play the game of Ultimate Frisbee.

LIFE SKILL:

To promote physical activity and exercise as part of a healthy lifestyle.

TEACHING FACILITY:

A field, playground, or even a gymnasium will work for playing Ultimate Frisbee. The ideal area is one with soft ground, such as grass.

EQUIPMENT/MATERIALS:

Two Frisbees, four cones to use as goal posts, colored vests.

INFORMATION:

Ultimate Frisbee is a game which combines the game of football with throwing a Frisbee. There are two teams on a field, which can be from 30 yards to 100 yards, depending on the space available. As in football, there is a “kick-off,” but in Ultimate Frisbee one team (standing in front of the goal they are protecting) throws the Frisbee to the team at the opposite end of the field. The other team can either catch the Frisbee or allow it to land.

The purpose of the game is for the team with the Frisbee to score a goal by catching the Frisbee in the end zone, which is the area between and behind the cones that the other team is protecting. The team with the Frisbee must never drop the Frisbee, or the other team takes possession.

When the offensive team begins by catching or picking up the Frisbee, the person who has the Frisbee may only take three steps before stopping, throwing, or handing off. (The teacher must decide if he/she will allow hand-offs and, if they are allowed, must determine the number that will be accepted per possession; a common number of allowed handoffs is three. This keeps the Frisbee in the air during most of play but gives bad throwers an option.) The student with the Frisbee throws the Frisbee to another person on his/her team. The defending team cannot tackle or push the offensive players but can block or intercept throws. When a team scores they receive one point.

Cardiovascular endurance comes from exercising the heart which strengthens the body's ability to continuously provide oxygen to the muscles. This is important because it allows the body to perform work over extended periods of time. The running that students will do while playing Ultimate Frisbee is an excellent way to exercise the heart.

CLASS ARRANGEMENT:

This is an activity that can be done by many people or by a relatively small group. The teacher divides the entire class into two teams, or he/she can break the class into smaller teams. The ideal size for a team is from four to 10 players.

SKILLS NEEDED:

Ability to throw a Frisbee; if students haven't mastered throwing, work around it by allowing the students to hand off the Frisbee during the game.

INSTRUCTIONAL STRATEGIES:

At the beginning of class, explain to the class that they will be spending the physical education time doing cardiovascular exercise. Briefly explain the rules of Ultimate Frisbee and ask who in the class can throw a Frisbee. If most of the students can throw a Frisbee, turn them loose to play, being there to help when difficulties arise. If most of the class cannot throw a Frisbee, it is a good idea to spend some time teaching the students to throw. Make sure that even if the students have trouble throwing they have a chance to experience the game. Keep them playing as long as possible, keep the game moving fast, and let the students come away feeling tired out. Before they leave, make sure to ask them what they feel about cardiovascular exercise. The answer should be positive!

EVALUATION/MODIFICATION:

The teacher should watch the games or play in order to evaluate the student's attitude and opinion about Ultimate Frisbee. This is an informal evaluation but should be effective for this game.

Grade

9

LEVEL:
SECONDARY

TEXAS STAR SQUARE DANCE

OBJECTIVE:

To experience dance as part of a multicultural background.

LIFE SKILL:

To promote physical activity and exercise as part of a healthy lifestyle.

TEACHING FACILITY:

Gymnasium.

EQUIPMENT/MATERIALS:

Music for Texas Star Square Dance (Educational Record Sales, 157 Chambers Street, New York, NY 10007).

INFORMATION:

An adequate sound system is imperative to the successful teaching of square dancing. An adequate sound system should consist of a variable speed record player, a microphone, and speakers which are sufficiently powerful and placed where the sound can be heard clearly from anywhere in the room. Additional teaching aids such as a blackboard, bulletin board for maps and pictures, films, and videotapes will enhance and enrich the program.

CLASS ARRANGEMENT:

Four-couple set.

SKILLS NEEDED:

Right-hand star, left-hand star, swing, and promenade.

INSTRUCTIONAL STRATEGIES:

Teach the following progressions for Texas Star Square Dance.

1. The girls walk to the center, curtsy, and return to the position.
2. The boys do a right-hand star clockwise around the center of the set.
3. The boys stop and perform a left-hand star, counterclockwise around the set.

4. The boys pass partners.
5. The boys place right arm around the waist of the first girl past their partner.
6. The boys back around, keeping arm around girl's waist; girls grab opposite right hands moving clockwise.
7. The boys and girls circle a whole turn to the left; the boys pivot and do right-hand star.
8. The boys swing present partner with an elbow swing.
9. The boys promenade present partner to his original position.
10. The ladies swing out and right back to form the Texas star again.
11. The boys and girls circle a whole turn to the left.

Grade

9

LEVEL:
SECONDARY

THE CHOICE IS YOURS

OBJECTIVE:

To understand how nutrition plays a role in muscular endurance.

LIFE SKILL:

To promote proper nutrition as part of a healthy lifestyle.

TEACHING FACILITY:

Large open area (indoor or outdoor).

EQUIPMENT/MATERIALS:

Gymnastics mats (enough to allow eight to 12 children to do somersaults simultaneously), eight to 12 basketballs, two to three basketball hoops, eight to 12 jump ropes, stopwatch, 20 to 28 sets of six cards depicting nutrients—vitamins/minerals, carbohydrates, water; three cards depicting fats—french fries, hamburger, and ice cream).

INFORMATION:

Nutrients have an effect on muscular endurance. Vitamins/minerals (vitamin B, sodium, and potassium), carbohydrates (simple sugars, fiber, and starch), and water are all important for muscular endurance. An improper diet, low in these nutrients and high in fat, will actually impede muscular endurance.

CLASS ARRANGEMENT:

Large group.

SKILLS NEEDED:

Basic knowledge of muscular endurance, nutrition, basketball, and simple gymnastics.

INSTRUCTIONAL STRATEGIES:

The teacher should set up three stations—basketball, jump roping and gymnastics.

Each student will be given a set of note cards depicting the nutrients described above. The students should be informed that the better the nutrient on the card, the longer they will be able to participate in an activity. The students will choose a station, either basketball, jump roping, or gymnastics with 12 students maximum at each station. Each student chooses a card and leaves that card in a pile at the station. The teacher will tell them to start the activities at the stations, watching the time. After three minutes the students who chose a fat card must stop and sit down. After four minutes everyone stops and changes activities. Each student may only go to the same station twice. The game continues until all of the cards have been chosen—six changes.

After the game is finished, the students will gather together and discuss what they accomplished. They should discuss the importance of vitamins/minerals, water, carbohydrates, and how fat hinders muscular endurance. Students should brainstorm ways to get the proper nutrients such as eating specific foods, etc.

EVALUATION/MODIFICATION:

Student comprehension can take place during the discussion. The teacher should make a point of helping the students realize the importance of nutrients for muscular endurance. Activities at the centers can be changed.

CALORIES PER SPORT

OBJECTIVE:

To compare calorie expenditure among various physical activities.

LIFE SKILL:

To promote physical activity and exercise as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

EQUIPMENT/MATERIALS:

Pencil, "Calories Per Sport" worksheet handout (see Grade 9 handout masters).

INFORMATION:

Students should have previous information regarding health-related fitness components.

CLASS ARRANGEMENT:

Classroom.

INSTRUCTIONAL STRATEGIES:

1. Students are asked to list some of the movement activities they do in an overall year.
2. Students are asked to rate each movement activity (from the categories below) they have experienced in the past year as "low," "medium" or "high."
 - a. cardiovascular fitness
 - b. muscular endurance
 - c. muscular strength
 - d. flexibility
 - e. number of calories burned if they did the activity for one hour
 - f. how much it costs to do the activity

3. Students can fill the upcoming year with activities that best enrich their health-related fitness.
4. Students are asked to list activities during the years when they are 25, 35, 50, and 70 years of age. They should attempt to satisfy all health-related fitness components during these times of their lives.

RESOURCE:

Nebraska Department of Education, (1993). A Comprehensive Health Education Curriculum Guide.

Grade

9

LEVEL:
SECONDARY

HANDBALL

OBJECTIVE:

To increase eye/hand coordination during participation of handball dual sport activity.

LIFE SKILL:

To promote physical activity and exercise as part of a healthy lifestyle.

TEACHING FACILITY:

Hard surface area with walls.

EQUIPMENT/MATERIALS:

Chalk or vinyl tape for court markings, tennis balls.

INFORMATION:

Students will build basic striking patterns as they acquire sport-specific patterns associated with handball.

CLASS ARRANGEMENT:

Courts must be set up with safety standards in mind. There must be a safe distance between courts if played outside on hard surface with wall. Attempt to minimize possibility of balls going onto roofs.

SKILLS NEEDED:

Basic striking patterns using limbs and locomotor patterns, i.e., sliding.

INSTRUCTIONAL STRATEGIES:

1. Wall handball
 - a. Students are paired up and a court is marked out on wall and floor (20' width x 20' length x 10' height).
 - b. To begin play, an underhand bounce serve is done from the right side of the court, behind the back line. The ball must hit the wall from this serve (two chances are allowed).
 - c. Volleying is allowed during play. Players may interfere with the "opponent" by not allowing them to get to the ball to hit. Both hands may be used.

- d. Points are acquired only when serving. The game ends at 15 points.

2. Two-square handball

- a. Students are paired up, and a court is marked out on the floor of two equal squares (6' x 6') touching each other.
- b. An underhand bounce serve from behind the back line into the partner's square begins play. Players may only serve once.
- c. During play, no volleying is allowed (the ball must land in your square before you can return it). Switch serving after every 5 points. Play to 21.

Grade

9

LEVEL:
SECONDARY

NAME THAT DISEASE

OBJECTIVE:

To identify signs and symptoms of common communicable diseases.

LIFE SKILL:

To promote disease prevention as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

EQUIPMENT/MATERIALS:

Pamphlets (one for every three students) on common communicable diseases (colds, strep infection, lice, chicken pox, etc.) from local public health department, "Name That Disease" handout (see Grade 9 handout masters).

INFORMATION:

Review terms "communicable" and "noncommunicable." Communicable means to be able to transmit from infected person to someone else. Noncommunicable means to be unable to transmit from an infected person to someone else.

CLASS ARRANGEMENT:

Triads/large group.

SKILLS NEEDED:

Reading and writing skills.

INSTRUCTIONAL STRATEGIES:

1. Write SYMPTOM on the blackboard. Through discussion define "symptom" as messages from the body that warn of changes in the body. Notice these are felt signs, not seen signs. Write the word SIGN on the board. Discuss the difference between symptom and sign. A "feeling" word—achy, hot, itchy, etc.—experienced by a person is a symptom. A rash is a sign observable by others.

2. Divide the students into triads. Give a different communicable disease pamphlet and the "Name that Disease" handout to each group. Have each group of students look for the answers to the work sheet questions in the pamphlets in preparation for playing the "Name That Disease" game. Allow 15-20 minutes preparation time.
3. Allow each group of students to present the disease by giving clues, e.g., strep infection—"There are usually signs of a red throat and fever"). If no one guesses, give another clue. When guessed correctly, ask a spokesperson from the group to summarize signs and symptoms of the disease.

EVALUATION/MODIFICATION:

Additional work with diseases could encompass communicable as well as noncommunicable diseases.

RESOURCE:

Michigan Model for Comprehensive School Health Curriculum, 1986.

AIDS ATTITUDE: REACTING TO PERSONS WITH AIDS (PWA)

OBJECTIVE:

To analyze and discuss the personal and civil rights related to HIV infection.

LIFE SKILL:

To promote good mental and environmental health practices within families and communities as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

EQUIPMENT/MATERIALS:

Case study for each student "Jenny and the Bus Driver" (see Grade 9 Handout Masters).

INFORMATION:

For quality discussion, make sure the class' ground rules have been reviewed.

CLASS ARRANGEMENT:

Individual/group discussion.

SKILLS NEEDED:

Writing skills, understanding of HIV pyramid (stages of infection), knowledge of the ways HIV can and cannot be transmitted, understanding of opportunistic infections related to AIDS.

INSTRUCTIONAL STRATEGIES:

1. Distribute the handout "Jenny and the Bus Driver" to each student. Ask for a student volunteer to read the case study aloud.
2. Allow 5-10 minutes for students to write their responses to each question. Ask for volunteers to respond to each question. Encourage discussion.

3. After the sheet has been finished, ask these additional questions for further discussion:
 - a. What do you think causes people to respond in hostile or unfriendly ways to others?
 - b. What does it mean to have civil rights?
 - c. What does it mean to have personal rights?

EVALUATION/MODIFICATION:

This activity may be used in the teaching of social studies or health enhancement. The activity lends itself well to small group discussion.

RESOURCE:

Journal of School Health, (1993, December) 63(9), p. 404.

Grade

9

LEVEL:
SECONDARY

DRUGS AND CRIME

OBJECTIVE:

To analyze the effects of tobacco, alcohol, and other drug use on crime rates and the economy.

LIFE SKILL:

To promote good mental and environmental health practices within families and communities as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

EQUIPMENT/MATERIALS:

"Drugs and Crime" handout (see Grade 9 Handout Masters).

INFORMATION:

Drug use costs the U.S. billions of dollars each year. Much of this money is spent on law enforcement, rehabilitation, and prevention education. A portion of taxes that each student's parents pay goes to support fighting the drug war (military, police, prisons, hospitals) and preventing drug use (schools, social service, research).

CLASS ARRANGEMENT:

Class discussion, individual problem solving.

SKILLS NEEDED:

Math skills (addition, multiplication, division).

INSTRUCTIONAL STRATEGIES:

1. Use background information to start a discussion. Add the following:
 - a. How do the students feel about their families having to pay for the effects of drug use?
 - b. How else could this money be used? (youth programs, educational loans, research, etc.)

- c. How else could the U.S. get money to deal with the drug problem?
 - d. How would students solve the drug problem?
- 2. Each student should complete the "Drugs and Crime" worksheet.
 - 3. Correct and discuss the responses on the worksheet.

Answer Key

- 1. 486,000 people
- 2. 6,000 suicides
- 3. \$150, \$1,050
- 4. 3,500,000 arrests
7,500,000 arrests
- 5. 17,000 accidents
- 6. \$98 billion

EVALUATION/MODIFICATION:

This activity can be used in a mathematics or health enhancement teaching environment.

RESOURCE:

Nebraska Comprehensive Health Education Curriculum Guide, 1993.

QUACK, QUACK, QUACKERY

OBJECTIVE:

To enhance the ability to identify quackery in advertisements targeting consumers.

LIFE SKILL:

To promote good mental and environmental health practices within families and communities as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

EQUIPMENT/MATERIALS:

"Dead Giveaways" handout (see Grade 9 Handout Masters), magazines to cut out examples of quackery advertisements (tabloids are an excellent source), stapler, overhead projector, transparency of an advertisement.

INFORMATION:

The practice of promoting and/or selling useless products and services is known as quackery or consumer fraud. A consumer is a person who spends time and money on products and services. It is estimated that more than 50 cents of every dollar is spent on health products and services. Thus, the health industry is big business.

CLASS ARRANGEMENT:

Class and individual work.

SKILLS NEEDED:

Reading and writing skills.

INSTRUCTIONAL STRATEGIES:

1. Explain that being a consumer is hard work! Quackery is an age-old practice of health fraud that Americans spend billions on annually. Quacks use false, unsubstantiated information in advertisements along with other lures to entice the consumer to spend money on their product or service. Show examples of quackery to the class. Ask, "Why do you suspect this is a health fraud?"

2. Who is the target? Anyone! Quacks target any health concern--anything that preys on the individual's feeling of uncertainty on how they appear to others. Ask, "What kind of health concerns do these products claim improvement on?" Brainstorm a list on the chalkboard (weight reduction, baldness, body development programs, youth creams, bust and penis developers, bad breath, high blood pressure, arthritis, cancer, wrinkles, memory revitalizers, aphrodisiacs, etc).
3. To be a smart consumer, we must have skills to evaluate advertisements. Demonstrate an evaluation by placing an advertisement on a transparency on the overhead.
 - a. What are the claims this product makes?
 - b. What are the advertising techniques used (see "Dead Giveaways" handout)?
4. Student should find advertisements in old magazines to evaluate. They are to evaluate as demonstrated in #3, listing the claims and any advertisement techniques used (from the "Dead Giveaways" handout).
5. Create a class display of the advertisements.

EVALUATION/MODIFICATION:

Students could take an advertisement and change it to make it more truthful (changing pictures/ words).

A HEALTHY BALANCE

OBJECTIVE:

To identify activities for each of the four domains of health (family/social, physical, mental, and spiritual).

LIFE SKILL:

To promote good mental and environmental health practices within families and communities as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom or outside area.

EQUIPMENT/MATERIALS:

Overhead projector, overhead markers, "Maintaining a Healthful Balance" transparency (see Grade 9 Handout Masters).

INFORMATION:

Before 1940, health was defined as "the absence of disease or of obvious disease or infirmity." (If you looked healthy, you were deemed healthy!) In 1940, the World Health Organization (WHO) defined health as a state of complete physical, mental, and social well-being, not merely the absence of disease. It was the first time that it was stated that health was an interaction of many domains. Not long after this, the term "wellness" was coined and the wellness movement of today was initiated.

CLASS ARRANGEMENT:

Individual/small group activity.

SKILLS NEEDED:

Writing skills.

INSTRUCTIONAL STRATEGIES:

1. Place the transparency of "Maintaining a Healthful Balance" on the overhead. Review the four areas of health: family/social, physical, mental, and spiritual. Ask students to give examples for each of these areas of health and list examples on the overhead. Examples may include:

- a. family/social—relationships with parents, siblings, relatives, friends, social interaction, communication, social events with others;
 - b. physical—describes the body, exercise, rest, eating patterns, disease/disability, coordination, strength, etc.;
 - c. mental—intellectual, values, beliefs, decision making, ideas, dealing with stress, attitudes;
 - d. spiritual—how do you feel you fit into this world, being positive, having hope, getting meaning from life, having compassion for others?
- 2. Each student should draw a circle and section the circle to represent the balance they feel in their life right now. How do you feel you are balancing each area?
 - 3. Create groups of four students. Students should determine the "perfect" day, keeping in mind the balance we are attempting to achieve. Allow the students 10 minutes to complete.
 - 4. One group at a time, students can share their "perfect" days. Discuss the following:
 - a. What can be done to make a better balance of activities in your life?
 - b. What is the importance of maintaining a healthful balance?
 - c. How does a relationship with the opposite sex contribute to your balance? How could it take away from your balance?

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Meeks, L. & Heit, P., Burt, J. (1993) *Education for Sexuality and HIV/AIDS: Curriculum and Teaching Strategies*. TM Blacklick: Meeks Heit Publishing Company, Inc.

DRINKING AND DRIVING: WHOSE RESPONSIBILITY?

OBJECTIVES:

To understand that prevention of drinking and driving involves personal and public decision making; to develop alternative strategies for preventing drinking and driving.

LIFE SKILLS:

To discourage the use of alcohol, tobacco, and other drugs and encourage the responsible use of prescription drugs as parts of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

EQUIPMENT/MATERIALS:

"Drinking and Driving: Whose Responsibility?" handout (see Grade 9 Handout Masters).

INFORMATION:

This is an activity that makes students think. Their awareness of judgment and responsibility by individuals in the designated-driver role is greatly enhanced. The activity also explores the idea that not only the person who drinks and drives is at fault for a crash. Peers, public officials, bartenders, police, and others who fail to do their part encourage irresponsible behavior. Silence, both public and private, is dangerous; everyone must speak up and take health promoting action for safety reasons.

CLASS ARRANGEMENT:

Individual/small group.

INSTRUCTIONAL STRATEGIES:

1. Explain that this exercise will help students think about all the different people who have a role in reducing the probability of being killed by a drunk driver.

2. Provide students with the handout, "Drinking and Driving: Whose Responsibility?"
3. Begin by posing the question, "If a person gets killed or injured in a drinking and driving-related accident, who is responsible?" Receive feedback from students freely.
4. Read or have a class volunteer read the handout.
5. Individually, ask the students to rank their feelings about each of the five characters with "1" (the person they feel demonstrated the best judgment) to "5" (the person whose judgment was the worst from their point of view). Students may feel all the characters used bad judgment and may have difficulty ranking them. If so, instruct them to rank the characters from the best of the worst to the worst of the worst. Allow five minutes to complete.
6. Form small groups of five students. Each group must try to develop a consensus on the rankings. Allow 10-15 minutes for this interaction.
7. Ask each group individually for the outcome and rationale for their ranking. Place outcomes on the blackboard so each group can see how others ranked the individuals in the story. Allow time for discussion following each group's presentation.

EVALUATION/MODIFICATION:

A follow-up activity would be to have the students rewrite the scenario so that each person is taking responsibility for discouraging the irresponsible use of alcohol, and drinking and driving.

RESOURCE:

Ramsower, T. (1992, May/June). Who Speaks Up for Safety? Journal of Health Education, 23(4), pp. 246-247.

GOOD OLD FASHIONED SELF-CONTROL

OBJECTIVE:

To encourage the ability of students to practice self-control in potentially risky situations.

LIFE SKILL:

To promote personal, family and community safety as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

INFORMATION:

Students are pressured from different sources and may feel that the only way out is to succumb to pressure. It is important for students to realize they have the ability to say how they feel and to practice self-control for their safety.

CLASS ARRANGEMENT:

Large group.

INSTRUCTIONAL STRATEGIES:

1. Describe briefly a time when you acted contrary to a personal commitment, value or priority that left you feeling foolish or disappointed, e.g., broke a promise, avoided an exercise routine, purchased something outside of your budget range.
2. Lead a discussion using the following:
 - a. How do the students think you felt when it was over?
 - b. What reasons did you have for doing it?
 - c. What could you have done to resist the temptation?
3. Ask the students to think of a time when they had a similar experience.
4. Ask for a volunteer to share their experience and have the class repeat the discussion questions in step 2. (Note: If students don't volunteer, give them suggestions like being tempted to gossip about a friend, tempted to break training, lie to their teacher, buy something they can't afford, play "hooky" from school or work). Have more students share as time allows.

5. Brainstorm a list of things to do when faced with a temptation or impulse to act contrary to commitments, values or priorities.
6. Have the students pair up and tell a story about a tempting or impulsive situation, and to describe themselves using one or more of the steps to act positively. Allow five minutes.
7. Ask students which of their suggestions might apply to a time when they need to resist the desire to have sex. Discuss and check those on the list that might work.

EVALUATION/MODIFICATION:

Have students develop an interview for their parents or other older adults to see how they control impulses.

RESOURCE:

ETR Resources, PO Box 1830, Santa Cruz, CA 95061-1830.

WHY I SMOKE AND NICOTINE ADDICTION

OBJECTIVE:

To understand why people start using tobacco.

LIFE SKILL:

To discourage the use of alcohol, tobacco and other drugs, and encourage the responsible use of prescription drugs as parts of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

EQUIPMENT/MATERIALS:

"Test Yourself: What Kind of Tobacco User Are You?" handout, "Scoring the Test" handout, "Nicotine and Addiction Discussion Starter" handout, "Fagerstrom's Test" handout, "Nicotine: Harder to Kick. . . Than Heroin" handout (see Grade 9 Handout Masters).

INFORMATION:

Students need to understand why people begin to use tobacco and continue to do so. Acknowledging these reasons help those who smoke understand their addiction and it gives those who don't smoke good information about tobacco addiction.

CLASS ARRANGEMENT:

Large group.

INSTRUCTIONAL STRATEGIES:

1. Discuss with the class why people smoke. Write the ideas on the board and continue to have the class brainstorm.
2. Distribute the "What Kind of Tobacco User are You?" handout to the students to complete. After completion, read the "Scoring the Test" handout to the students.
3. Distribute the handout, "Nicotine and Addiction Discussion Starter." Have students complete the handout. After completion, discuss the student's responses and give correct answers.

4. Distribute the article on nicotine and have students read the article. Discussion may ensue.

RESOURCE:

Southwest Utah District Health Department.

WHO IS MORE LIKELY TO SMOKE AS A TEENAGER?

OBJECTIVE:

To provide an understanding of why teenagers smoke.

LIFE SKILL:

To discourage the use of alcohol, tobacco and other drugs, and encourage the responsible use of prescription drugs as parts of healthy lifestyles.

TEACHING FACILITY:

Classroom.

EQUIPMENT/MATERIALS:

"Who Is More Likely to Smoke as a Teenager?" handout, "Why People Smoke?" handout (see Grade 9 Handout Masters).

INFORMATION:

As with other risk behaviors, smoking is a detriment to a person's health. Teenagers who are knowledgeable about the risks and concerns of smoking are less likely to start smoking. The reasons for smoking are many, and are generally the same reasons for other risk behaviors.

CLASS ARRANGEMENT:

Large group.

INSTRUCTIONAL STRATEGIES:

On the board, have students list some characteristics of smokers and characteristics of non-smokers. Distribute the handouts. Discuss the students' observations, and how the observations compare with the information on the handouts.

RESOURCE:

Utah County Department of Health.

FIBER FITNESS

OBJECTIVE:

To understand the importance of complex carbohydrates and fiber in a healthy diet.

LIFE SKILL:

To promote proper nutrition as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

EQUIPMENT/MATERIALS:

One piece of hard candy, one whole wheat cracker, 3/4 cup apple juice, 1/2 cup applesauce, one whole unpared apple, two loaves of bread (brown wheat bread and whole wheat bread) with food label, "Fiber Fitness" handout (see Grade 9 Handout Masters).

INFORMATION:

Carbohydrates, both simple and complex, are major sources of energy. Sugar is a simple carbohydrate, and starch is a complex carbohydrate. Besides energy, many foods high in starch provide essential nutrients and fiber.

Dietary fiber is plant material that humans cannot digest. Dietary fiber helps to move waste through the intestinal tract, and it can reduce the symptoms of chronic constipation, diverticular disease, and hemorrhoids. Populations with diets low in dietary fiber and complex carbohydrates and high in fat, especially saturated fat, tend to have more heart disease, obesity, and some cancers.

Grain products, dry beans and peas, nuts, and starchy vegetables are good sources of complex carbohydrates. Whole grain breads and cereals, dry beans and peas, vegetables, and fruits contribute dietary fiber. It is best to eat a variety of fiber-rich foods because they contain a variety of fiber. Besides complex carbohydrates and fiber, vegetables, fruits, and grain products have other food components linked to good health. Eating plenty of vegetables, fruits, and grain products is one of the Dietary Guidelines for Americans.

CLASS ARRANGEMENT:

Individuals/small groups.

INSTRUCTIONAL STRATEGIES:

1. Introduce complex carbohydrates. Display the candy and cracker. Discuss the following:
 - a. These are two foods you might snack on. What do they have in common? (Both snack foods are high in carbohydrate. Candy is mainly sugar, which is a simple carbohydrate. The cracker is made mainly from whole wheat flour, which is high in starch. Starch is a complex carbohydrate.)
 - b. What is the main function of carbohydrates in our body? (Energy.)
 - c. What food groups do these snacks belong in? (Candy belongs in fats, oils, and sweets; the whole wheat cracker belongs in breads, cereals, rice and pasta.)
 - d. How are these two snacks nutritionally different? (Candy has calories and almost no nutrients. The cracker has calories and nutrients such as vitamins, iron, and protein.)
 - e. Foods in the bread, cereal, rice, and pasta group as well as vegetables are good sources of complex carbohydrates. What foods are they? Students should name foods and write them on the board.
2. Display three other snacks—apple juice, applesauce, unpared apple—to introduce dietary fiber. Discuss the following:
 - a. What makes these three snacks alike? (All are forms of apples and belong to the fruit group.)
 - b. What makes these three foods different? (Different processing methods affect the fiber content. Fiber is plant material we cannot digest.)
 - c. Which apple snack has the most fiber? (The unpared apple has the most, apple juice has the least.)
 - d. Fiber comes from many sources.
3. Display the brown wheat bread and whole wheat bread. Discuss that breads often look alike but the fiber content is quite different. Which is the real whole grain bread? If both are brown, how can you tell the difference?

Explain how to look for the terms “whole wheat” and “whole grain” on the label.

4. Distribute the handout "Fiber Fitness" and compare the two days listed. Discuss each day's menu, and similarities to the student's diets. Are their days fiber-filled or fiberless?

EVALUATION/MODIFICATION:

Distribute a school lunch menu and have students circle the fiber-rich foods. After completion, list them on the blackboard.

RESOURCES:

Texas Education Agency, (1992). Education for Self-Responsibility IV: Nutrition Education.

United States Department of Agriculture, (1992, December). Dietary Guidelines and Your Health.

CALCIUM

OBJECTIVES:

To understand the functions of calcium in the body and identify common sources of calcium in the diet.

LIFE SKILLS:

To promote proper nutrition as part of a healthy lifestyle; to promote physical activity and exercise as parts of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

EQUIPMENT/MATERIALS:

Plastic bags, chicken leg bone, jar, vinegar, specified amount of flour for “calcium bags,”(see below):

- newborn baby (1/2 cup of flour)
- 10 year old youth (3.5 cups of flour)
- 15 year old teen (7 cups of flour)

INFORMATION:

Calcium is necessary for bone rigidity, blood clotting, muscle contraction, and normal nerve functions. Calcium also helps to regulate the heart beat.

Weight-bearing exercise (exercise, such as walking and jogging, exerts weight on the bones and adds density to the bones) and eating a balanced diet that provides sufficient amounts of calcium and vitamins C and D help to build strong bones and teeth and increase calcium absorption.

Peak calcium storage is during adolescence. The RDA for calcium during adolescence is 1,200 milligrams per day. When we fail to eat foods that contain adequate calcium, our bodies rob the bones of stored calcium. This loss can cause damage to the vertebrae or can cause fractures later in life. This is called osteoporosis and frequently occurs in older women. Smoking and excessive use of caffeine and alcohol can cause calcium depletion.

Minerals are necessary for optimum muscle performance.

CLASS ARRANGEMENT:

Individuals/small groups.

INSTRUCTIONAL STRATEGIES:

1. Discuss some of the functions of calcium in the body and the factors that can improve bone density from exercise and a calcium-rich diet.
2. Illustrate how much calcium is in the human body at different ages with “calcium bags.” Use three plastic bags, and fill them with the amount of flour specified in the materials list. (This is a visualizing activity as flour does not contain calcium.)
3. Conduct an experiment to show a bone that has had the calcium removed. Clean a chicken bone of all fat and meat; a leg bone works well. Place the bone in a jar and cover it with vinegar. Allow the bone to stand at room temperature for three to four days. At the end of this time, the bone should be rubbery and pliable because the outer shell of the bone is the only remaining part.

At the conclusion of the demonstration, review the body's need for calcium and the effect of calcium deficiency on bone density.

4. Discuss some of the foods that are good sources of calcium and list them on the chalkboard. Teenagers need at least three serving of calcium-rich foods a day.

EVALUATION/MODIFICATION:

Students can determine how many servings of dairy products they consume in one day and compare that with the recommended three servings per day.

RESOURCE:

Adapted from: Texas Education Agency (1992). Education for Self-Responsibility IV: Nutrition Education.

WOK'S FOR SUPPER

OBJECTIVE:

To identify how different cultural food patterns supply a healthy diet.

LIFE SKILL:

To promote proper nutrition as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

EQUIPMENT/MATERIALS:

"Cultural Food Patterns" handout, "Wok's For Supper" handout (see Grade 9 Handout Masters), ingredients for stir fry recipe on handout (students can bring the ingredients), wok.

INFORMATION:

Culture may be a major determination of food habits. What we learn to eat depends on where we live and how we have grown up. We learn the language, social customs, moral codes, and food habits of a culture.

Cultural habits change with surroundings and with time. Many Americans have modified their original cultural roots. The term "melting-pot" is sometimes used for Americans as we are often the combination of more than one culture. This makes for great diversity among individuals.

Stir-fry cooking was developed by Asian cultures and is a healthy method of cooking because:

- vegetables stay crisp and keep most of their vitamins;
- meats are tender, and nutritional juices are sealed in; and
- foods are cooked so quickly that they do not have time to soak up excess fat.

A wok is a round metal bowl made of carbon steel. It is shaped for deep frying. The wok was developed by the Chinese and was often used by people who could not buy fuel for cooking. The wok was heated with just a small number of burning twigs at its base.

Stir-frying is the quick cooking and stirring of foods in a tiny amount of oil or fat over high heat.

CLASS ARRANGEMENT:

Small groups/individuals.

INSTRUCTIONAL STRATEGIES:

1. Distribute the handout "Cultural Food Patterns" and discuss the food patterns of the cultures listed.
2. Working in small groups, have each group select one cultural group and research information about the culture.
3. The students should write a composition that describes the cultural influences and the food patterns of the cultural group, identifies the food groups represented by the foods common to the culture and explains the nutritional contribution of the culture's different foods.
4. Distribute the handout "Wok's for Supper" (stir-fry recipe) to each student. Read the recipe aloud. Demonstrate the stir-fry recipe, and ask students to guide you in preparing and serving the recipe in class. (You may want to ask the students to bring in some of the ingredients for the recipe.)
5. Discuss the benefits of this type of food preparations, i.e., vegetables are not overcooked, low in fat, etc.

EVALUATION/MODIFICATION:

Students can prepare a food from the culture they have researched.

RESOURCE:

Texas Education Agency (1992). Education for Self-Responsibility IV: Nutrition Education.

Grade

9

LEVEL:
SECONDARY

OFF-BEAT BREAKFASTS

OBJECTIVE:

To recognize the effects of food on health and appearance.

LIFE SKILL:

To promote proper nutrition as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

EQUIPMENT/MATERIALS:

"Breakfast Survey" handout, "Off-Beat Breakfasts" handout (see Grade 9 Handout Masters), "Pattern for Daily Food Choices" handout (see Appendix A).

INFORMATION:

Teenagers are very likely to skip the breakfast meal. This can affect the physical and mental tasks they perform at school.

CLASS ARRANGEMENT:

Individuals.

SKILL NEEDED:

Students should be familiar with the "Pattern for Daily Food Choices."

INSTRUCTIONAL STRATEGIES:

1. Discuss the students' types of eating patterns by asking which of the following would describe their families' eating habits:
 - the traditional three meals of breakfast, lunch, and dinner
 - skip breakfast, lunch, or dinner
 - six or seven small meals
 - two liquid diet drinks and dinner
 - soft drink, soft drink and chips, and dinner

Ask students to add any other eating habits not listed.

2. Students should give reasons for not eating breakfast. Some reasons might include not enough time to eat, dislike foods served at breakfast, want to lose weight, not hungry or no one to prepare breakfast.
3. Distribute the "Breakfast Survey" handout and review with the students. After completion, discuss the results.
4. Explain that breakfast should include about one-third of an adolescent's daily nutritional requirements. Distribute and review the sample breakfast menus on the handout "Off-Beat Breakfasts."
5. Have students create their own unusual menus. Ask the students to keep recipes simple with little or no cooking involved, keep recipes short—prepared and eaten in minutes, make recipes something they would enjoy eating, and tell them the recipe does not need to include typical breakfast foods.
6. Ask for volunteers to share one of their menus with the class. Class menus could be displayed on a bulletin board so that students can examine the diversity of food choices.

EVALUATION/MODIFICATION:

Students can prepare one of their menus to eat at home.

RESOURCE:

Texas Education Agency (1992). Education for Self-Responsibility IV: Nutrition Education.

FOOD IN THE DANGER ZONE

OBJECTIVES:

To identify ways of preventing food-borne illness and learn what actions to take if it does occur.

LIFE SKILL:

To promote proper nutrition as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

EQUIPMENT/MATERIALS:

"Safe Food-Handling Tips for Parents and Children" and "In Case of Food-Borne Illness" handouts (see Grade 9 Handout Masters), uniform pieces of paper (e.g., 2" x 3"), box or hat for random drawing of pieces of paper.

INFORMATION:

Food-borne illnesses are produced in food by microorganisms. Food-borne illness is often the reason for an upset stomach thought to be caused by flu. There is not always a detectable odor or off-flavor in foods contaminated with harmful bacteria; therefore, people are not always aware of the real cause of an illness. The symptoms of food poisoning include cramps, nausea, vomiting, and diarrhea.

Food-borne illness can be prevented in many ways. Two simple but effective ways to prevent food-borne illness are to keep food, and anything that touches food clean, and to keep foods at the proper storage temperature.

CLASS ARRANGEMENT:

Group.

INSTRUCTIONAL STRATEGIES:

1. Discuss with students examples of food poisoning they know about or have heard about. What are the symptoms? Do students know any ways to keep food safe to eat?
2. Distribute "Safe Food-Handling Tips for Parents and Children" handout. Review the twelve basic food-handling tips.

3. Distribute "In Case of Food-Borne Illness" handout. Go through the steps with the class.

EVALUATION/MODIFICATION:

1. Before class, write the following scenarios on the pieces of paper, and put them in a hat or box to be drawn by students:
 - a. "Pantomime a food handler with unkempt hair preparing a meal."
 - b. "Pantomime a food handler with a cold preparing a meal."
 - c. "Pantomime a food handler taking a ham or turkey out of a freezer and putting it on the table to thaw overnight without refrigeration (could show them going to bed by yawning, etc.)."
 - d. "Pantomime a food handler scooping spilled food off the floor and putting it back into the serving dish."
 - e. "Pantomime a food handler using a dish towel to mop the floor and then to wipe the dishes."
 - f. "Pantomime a food handler licking the spoon while mixing a cake."
 - g. (Two-person parts):
 - g-1. "Pantomime a cook rapidly cooking a hamburger so it is undercooked and hand it to the second person."
 - g-2. "Pantomime a person eating the hamburger and then getting sick because the meat was undercooked and contaminated."
 - h. Any other scenarios appropriate for the lesson.
2. Explain to the students they will be playing a game like "Charades." Eight students should randomly draw the scenario cards out of the hat/box. Tell the remaining students that their classmates, representing food handlers, will demonstrate unsafe situations. Inform the students that their job will be to determine the unsafe procedures in each situation pantomimed and to be prepared to tell how to make each situation a safe one, e.g., "prepare meal with unkempt hair" could be corrected by tying back the hair or using a hair net, and by keeping hands out of the hair while preparing food. Have each person pantomime until someone in the class correctly identifies the unsafe procedure.
3. The students should record each unsafe practice and corresponding safe practice for each on a piece of paper. Note: In the hamburger situation (g-2), the food-borne illness needs to be treated in the ill person. Have students recall the guidelines from "In Case of Food-Borne Illness."

RESOURCES:

USDA & Food Safety and Inspection Service (1990). Preventing Food-Borne Illness: A Guide to Safe Food Handling.

California State Department of Education (1984). Choose Well, Be Well: High School.

Texas Education Agency (1992). Education for Self-Responsibility IV: Nutrition Education.

National Center for Nutrition and Dietetics. The Children's Food Safety Kit: A Health Professional's Guide to the Issues.

DANGEROUS DISORDERS

OBJECTIVE:

To identify various eating disorders and their symptoms.

LIFE SKILL:

To promote proper nutrition as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

EQUIPMENT/MATERIALS:

"Signs of Anorexia Nervosa or Bulimia Nervosa" and "Dangerous Disorders" handouts (see Grade 9 Handout Masters).

INFORMATION:

There are two main weight-related health problems that are characterized by a preoccupation with weight loss and thinness, anorexia nervosa and bulimia nervosa. Eating disorders are serious, and one should be aware of their characteristics and their dangers. Eating disorders are complicated and have psychological causes that are often triggered by stress. People suffering from these disorders need medical and psychological help.

Anorexia nervosa is a disorder which, at first, appears as a crash diet to achieve a thin figure. Even when anorexics become thin, they think they are still overweight and continue to lose weight. Some people suffering from this disorder stop eating almost entirely. Damaging effects of anorexia are:

- malnutrition
- anemia
- death

Bulimia nervosa victims characteristically make themselves vomit after they have eaten as much as they can. This pattern of binge eating and purging (self-induced vomiting or the continual use of laxatives) in order to rid themselves of food is done in the hopes of losing weight. This process can become a habit which can lead to an inability to digest food. Damaging affects of bulimia are:

- irritation of the esophagus
- abnormal heart rhythms
- bladder and kidney infection possibly causing kidney failure
- lacerations or tears to the stomach caused by excessive vomiting
- tooth damage caused by vomited stomach acid
- malnutrition

Anorexia and bulimia are serious problems that demand professional attention.

CLASS ARRANGEMENT:

Individuals.

INSTRUCTIONAL STRATEGIES:

1. Distribute and review the "Signs of Anorexia Nervosa or Bulimia Nervosa" handout.
2. Distribute and review the "Dangerous Disorders" handout. After completion discuss the answers with the class.

EVALUATION/MODIFICATION:

Have a professional from the community come into the classroom to discuss the topic of eating disorders.

RESOURCES:

Texas Education Agency (1992). Education for Self-Responsibility IV: Nutrition Education.

National Eating Disorder Information Center (1989). Teacher's Resource Kit, Toronto, Ontario, Canada.

Grade

9

LEVEL:
SECONDARY

COMMERCIAL TRICKS ARE FOR EVERYONE!

OBJECTIVE:

To create an awareness of how food advertising and the media can affect food habits.

LIFE SKILL:

To promote proper nutrition as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

EQUIPMENT/MATERIALS:

"Commercial Tricks Are for Everyone!" handout, "Advertising/Media Techniques" handout (see Grade 9 Handout Masters), magazines with food ads.

INFORMATION:

Advertising is communication between the manufacturer and consumer about products. The two major types are written ads and commercials on TV. Advertisers use many different approaches in their advertisements to promote products and to attract the attention of the public. Some of these approaches are informative, helpful, or entertaining. Other approaches make implied promises about what the product will do for the user.

Students need to develop skills to critically analyze the various approaches to advertising and to determine if they are legitimate.

CLASS ARRANGEMENT:

Individuals/small groups.

SKILL NEEDED:

Access to TV at home.

INSTRUCTIONAL STRATEGIES:

1. Distribute the "Commercial Tricks Are for Everyone!" handout.

Ask students to begin the assignment by watching the last few minutes of a television program and to count the commercials from that point. Students should conclude the count at the end of the program or the end of the hour. Students can record the commercial on their work sheet using the picket fence (+++++) method.

The students should choose one food commercial and answer the questions about that specific commercial at the bottom of the handout. The students should not count network identification or news updates as commercials.

2. Distribute the "Advertising/Media Techniques" handout, and have students identify which of the techniques were used in the commercial they selected.
3. Divide the class into small groups of three or four. Each group will assume the role of an advertising agency whose task is to create an advertisement that persuades the rest of the class to eat nutritious foods. The advertisement can be a jingle, poster, or radio or television advertisement.
4. Instruct the class to determine the topic for their advertisement based on the following examples: baked or broiled beef instead of hot dogs, juices instead of soft drinks, fresh fruit instead of cookies and fresh vegetables instead of candy.

Ask each group to decide on a food they choose to sell, then the students can decide which form of advertisement they want to use to sell their product. Provide magazines for students to study advertisements or to cut out pictures for visual ads.

5. Provide time for each group to present their advertisements to the class.

EVALUATION/MODIFICATION:

Students can analyze magazine ads to determine what advertising techniques are being used.

RESOURCES:

California State Department of Health (1984). Choose Well, Be Well.

Texas Education Agency (1992). Education for Self-Responsibility IV: Nutrition Education.

PROTEIN FACTS

OBJECTIVES:

To distinguish between the facts and myths concerning protein and to plan a menu to meet the nutritional needs of an athlete.

LIFE SKILLS:

To promote proper nutrition as part of a healthy lifestyle and to promote physical activity and exercise as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

EQUIPMENT/MATERIALS:

Chalkboard and chalk, "A Pattern for Daily Food Choices" handout (see AppendixA).

INFORMATION:

Protein is the main component of every cell in the human body. The body uses protein to maintain the body's fluid balance, as enzymes, as antibodies, as hormones, to transport nutrients, to repair cells for growth, and as energy.

The other functions of protein are so important that using protein for energy is undesirable. However, the average American eats twice as much protein as is needed, and the excess is either excreted or stored as fat.

The following are nutrition facts pertaining to protein:

- a. The extreme activity of training and competing does not cause protein loss;
- b. Extra protein in the diet is not necessary;
- c. The protein requirement for a person is the same whether competing or not competing;
- d. While adequate protein is essential to the maintenance of muscles, extra protein is broken down and stored as fat. The excess nitrogen can be toxic to the body in excess amounts. Large amounts of protein can lead to dehydration, cause stress to the kidneys and liver, prevent absorption of calcium, and cause painful gout-like symptoms in joints;
- e. Protein has no effect on strength. Strong muscles come from exercise, training, and a nutritionally adequate diet;
- f. Extra carbohydrates should be added to the diet to supply exercise energy and training energy;

- g. Taking protein supplements is unnecessary for training; and
- h. Eating extra meat also leads to an increase in fat because fat is usually consumed with the protein.

CLASS ARRANGEMENT:

Group/individual.

SKILL NEEDED:

Students should be familiar with "A Pattern for Daily Food Choices."

INSTRUCTIONAL STRATEGIES:

1. Write these statements on the chalkboard:
 - a. "If you play a sport or are involved in a strenuous exercise program, you need extra protein in your diet."
 - b. "The more protein and protein supplements you eat, the more muscle you will have."
2. Ask the students to raise their hands if they believe these statements to be true. Discuss the actual nutrition facts with the students.

Answers:

- a. A balanced diet will provide enough protein for even an athlete, and often athletes eat more overall food servings to supply their energy demand.
- b. There is no evidence that excess protein will lead to more or stronger muscles. In fact, excess protein is stored by the body as fat.

EVALUATION/MODIFICATION:

Distribute the handout "A Pattern for Daily Food Choices." Emphasize the fact that a diet based on this chart will provide all the protein an athlete needs. Ask the students to plan one day's menu based on the guidelines of the handout.

RESOURCES:

Texas Education Agency (1992). Education for Self-Responsibility IV: Nutrition Education.

National Dairy Council (1994). Food Power: A Coach's Guide to Improving Performance (2nd Ed.).

Missouri Department of Health Nutrition Education & Training Program (1993). Sports Nutrition.

HOW TO SAY “NO” AND STILL HAVE FRIENDS

OBJECTIVE:

To understand peer pressure and identify appropriate refusal skills.

LIFE SKILL:

To promote good mental and environmental health practices within families and communities as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

INFORMATION:

Adolescence is marked by the importance of friendship networks. The importance of friends is paramount in an adolescent's life which makes peer pressure a strong influence on this age group. Although adults see “easy” solutions to peer pressure, the “answers” are not that simple to a teen. The best answers are from adolescents themselves. Peer pressure can be positive as well as negative, and positive pressure is a powerful technique to teach problem-solving techniques to children.

CLASS ARRANGEMENT:

Classroom.

INSTRUCTIONAL STRATEGIES:

1. Choose three volunteers to role play a peer pressure situation. Two volunteers will want the third person to go out drinking even though the person doesn't really want to go with them.
2. After a five-minute role play (where the third person gives in), discuss as a class what that person could have done differently. Ask another volunteer to role play the correct way to handle peer pressure.
3. Discuss how peer pressure is an important part of their lives, and that there are ways to handle pressure. Explain how peer pressure is present in the adult population but in different ways. Discuss these peer pressures, and have students role play these situations (e.g., keeping up with the Joneses).

EVALUATION/MODIFICATION:

You can use any topic that is relevant to your students, e.g., drugs and drinking, dress, sex, and/or gang membership.

The students can design a play which deals with peer pressure to perform for the school's students; it would be an excellent way to generate interest and reach the entire school.

SUICIDE

OBJECTIVES:

To give students resources to get help if they or an friend/family member are suicidal; to help students realize that suicide is not an answer to their problems.

LIFE SKILL:

To promote good mental and environmental health practices within families and communities as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

INFORMATION:

The danger signs of suicide are: (1) A suicide threat or statement indicating a desire or intention to die, (2) a previous suicide attempt, (3) mental depression, (4) marked changes in behavior or personality, (5) making arrangements for a final departure (giving away prized possessions).

What does a person do when confronted with a person who wants to kill himself or herself? Listen to the person, ask questions on how they plan to do it and why they want to do it. Talk in a positive manner. Tell the person about how friends and relatives will act if they succeed in killing themselves. Have them promise they will not think of killing themselves until they have talked to a counselor. Go to a professional with this person.

INSTRUCTIONAL STRATEGIES:

1. Discuss the myths and facts of suicide with the class.
2. Review where students can seek help (school counselor, teacher, minister, a favorite police officer, local mental health clinic, or community therapists) if they feel suicidal or if they know someone who is suicidal.
3. Give students the assignment of researching suicide and getting as much information as possible about suicide and help for people who want to kill themselves. (This assignment should take at least a week.)
4. Bring information back to the class and organize the discussion as a group. Make a plan with the group about what to do if someone is suicidal.

EVALUATION/MODIFICATION:

It is important for the students to get accurate information. The source of the information is also where they can get help if they are feeling depressed. Reiterate that suicide is a common occurrence and it can happen. Encourage students to mobilize and get involved if a fellow student is depressed. Positive peer relationships can make a difference in a suicidal adolescent.

Students can role play a suicide hot-line scenario. One student can be a volunteer in a suicide prevention center and another person could play a person who just got dumped by a boyfriend/girlfriend and wants to kill himself or herself because “there is no point in living if they can’t be with their friend.”

RESOURCES:

Films and Video Programs:

- “Suicide” (13 mins.)
- “Did Jenny Have to Die—Preventing Teen Suicide” (41 mins.)
- “Teens Who Chose Life—The Suicidal Crisis” (45 mins.)

These films are available through Batesville Management Services, P.O. Drawer 90, Batesville, IN 47006.

ABOUT DYING

OBJECTIVE:

To understand the stages of dying.

LIFE SKILL:

To promote good mental and environmental health practices within families and communities as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

INFORMATION:

Death is a subject that is difficult to discuss because of mankind's fear of death and because of differing religious beliefs in an afterlife. However, young adolescents are beginning to think of death and their own mortality. Many of your students will know someone who has died, and questions arise about the feelings of the person dying. Observational studies have shown that people who are dying go through five stages:

- (1) Denial
- (2) Anger
- (3) Bargaining
- (4) Depression
- (5) Acceptance

Although these stages are identified as adjustments to dying, every person approaches death in a unique way. Some people may not have the time to go through all stages. Some go through the stages in different order or may go back to a previous stage. One important factor is that people who go through a long dying process will have ups and downs and will treat people differently depending on their feelings at the moment. Helping a dying person adjust can be done by respecting the right of a person to handle death the way he or she chooses. Try to understand what your feelings are regarding dying. Are they the same as the dying person's feelings? If you are afraid, are you projecting this fear to the dying person? Be there for that person by being open with him/her, help him/her meet physical needs and practical needs (conduct unfinished business, i.e., wills, insurance, etc.), and just be there to show you care.

INSTRUCTIONAL STRATEGIES:

1. Discuss the five stages of dying with the class.
2. Ask for volunteers to describe an experience they have had.
3. Discuss the many theories regarding what happens when we die (resurrection, reincarnation, heaven, nothing, existing as a spirit).
4. Encourage questions, discussion and respect for other persons' ideas about death.

EVALUATION/MODIFICATION:

This can be an emotional topic, and you need to express to the class the importance of respecting peoples' questions and ideas. Showing a movie about a dying person would be very effective. Some ideas: "Brian's Song," "Beaches," "My Life," "Steel Magnolias," "Man and the Moon," or "Forever Young." It is necessary to have a discussion after showing the film for students to express their feelings.

Grade

9

LEVEL:
SECONDARY

GENDER DIFFERENCES IN COMMUNICATION

OBJECTIVE:

To demonstrate the differences in male and female communication.

LIFE SKILL:

To promote good mental and environmental health practices within families and communities as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom with space for videotaping.

EQUIPMENT/MATERIALS:

Videotape, video camera, microphones for sound if camera does not have one attached, VCR and television.

INFORMATION:

Gender differences in communication lie primarily as functions of sex roles rather than biological differences. In research regarding gender differences, there is a difference between sexes in the content of language. Females discuss personal subjects like relationships, family issues, clothing, appearance, other women and men. On the other hand, men discuss current events, business, and sports. In relationships women want to talk about feelings and relationships, whereas men want to talk about superficial topics. Men have been socialized not to show emotions or to discuss them in public, whereas women are encouraged to show their emotions and talk about them.

These differences are becoming smaller yet still exist in the majority of people. Knowing this can help men and women better understand the dynamics of the opposite sex which should allow them to have better relationships.

CLASS ARRANGEMENT:

Arranged so everyone can see the television.

SKILLS NEEDED:

Volunteers who know how to operate a VCR and video camera.

INSTRUCTIONAL STRATEGIES:

1. Ask for volunteers to be taped without explaining the purpose of the assignment. You will need two males, two females and a volunteer to operate the camera.
2. While taping, the two male volunteers sit in a room and discuss anything of their choosing for 15 minutes; do the same with the female volunteers. Have a male and a female sit in a room and discuss what they want (this can be done with several couples).
3. Discuss with the class if they feel there are any gender differences in communication.
4. Show them the tapes and see if there are any differences in how talk is handled and if there are differences in content.
5. Ask the following:
 - Was there a dominant speaker when a male and female were talking together?
 - Was content different in the three examples?
 - What are the differences?
 - What did you learn about this project that was valuable?

EVALUATION/MODIFICATION:

If time allows, write a transcript of the people talking, and see if the class can distinguish between the male and the female. A discussion on sex role orientation would be a good culminating activity.

If the tapes do not show a difference (this will probably not happen) or you do not have access to taping equipment, a tape recorder would work as well. Sending students out to observe and listen to conversations and having them write down the observations is also a good method to use in recognizing the differences.

RELATIONSHIP DEVELOPMENT

OBJECTIVES:

To understand the different elements of being in love, and how each element affects a person's mental health.

LIFE SKILLS:

To promote good mental and environmental health practices within families and communities as part of a healthy lifestyle; to promote responsible sexual behavior as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

INFORMATION:

Love is defined by the combinations of many different dimensions. These dimensions are psychological, physiological, social, and cognitive. The definition of love depends on a variety of factors. The social definition depends on how the media represents "love" and what the peer network defines. During adolescence this social definition is one of the strongest indicators of being in love.

Having a positive self-concept before a relationship makes for a positive relationship. To get into a relationship to gain a positive self-concept is not a healthy way to feel good about yourself. Having a positive self-concept gives a person the confidence to self-disclose in a relationship which is also an important factor of having a meaningful relationship.

Physiological and cognitive conditions are factors that are important but only in conjunction with the other factors. Physiological conditions exist as physical attractiveness to the other person; cognitive conditions are based on other experiences, and on what the peer network states as being in love. Most adolescents consider the physiological components of love as the most important predictor of being in love. Therefore, having sex is always in the minds of adolescents. The question, "When is the right time to have sex?" can be answered by looking at the four conditions just discussed.

INSTRUCTIONAL STRATEGIES:

1. Discuss the four components of love to the class, encouraging discussion and questions.
2. Discuss the following questions “When we make decisions regarding sex, do we use our heart (emotions) or head (logic)? Which is safer?”
3. Role play and brainstorm with the class ways to refuse having intercourse.
4. Discussion questions:
 - a. Do you have to be in love to have sex? How does one make this decision? (This decision should be made based on family values. If it is against family values, sex will probably not be as enjoyable.)
 - b. Do you have to have sex to maintain a relationship? What are the most important components to a successful relationship?

EVALUATION/MODIFICATION:

Remember to guide the discussion to the appropriate age group, not to a general population. What is appropriate for an older adult may not be right for a ninth grader. Be cautious about placing your values in the discussion. Keep questions open-ended, and encourage class discussion.

RESOURCE:

Knox, D., & Schacht, C. (1991). Choices in Relationships. St. Paul, MN: West Publishing Company.

HEALTH CAREERS

OBJECTIVE:

To acknowledge and describe health-related careers.

LIFE SKILL:

To promote good mental and environmental health practices within families and communities as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom or library.

INFORMATION:

Careers in the health field are expanding because of the proliferation of technology. What was available 50 years ago is now only a small fraction of what is presently available. Furthermore, many of the health-related fields were available only for men. Currently, women have as much access to the health field as men.

Health care goes beyond nursing or teaching; it encompasses fitness, nutrition, wellness, medical components, mental health, spiritual health, organizational components and computer technology.

CLASS ARRANGEMENT:

Library.

SKILLS NEEDED:

Research skills.

INSTRUCTIONAL STRATEGIES:

1. Divide the class into three groups.

Students should research at a library or counselor's office what careers are available in all health areas.

Each group should cover a specific area, e.g., one group could research the wellness field and find jobs that fit this designation (fitness instructor, wellness director or activities coordinator).

2. Each group should briefly describe what a person would do in each career. They can present their findings to the rest of the class.

EVALUATION/MODIFICATION:

Because of time constraints you may want students to put descriptions on poster board for display purposes, so most of the work can be done as homework. Students can also obtain information from the local hospital or university library if they have access to one.

Holding a contest would be beneficial for everyone. The group that finds the most careers could win extra credit points or a nutritional meal prepared by a nutrition or home economics class (food always works).

EXPLORING FEELINGS

OBJECTIVES:

To explore and label our feelings; to understand the effects feelings have on ourselves and others.

LIFE SKILL:

To promote good mental and environmental health practices within families and communities as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

EQUIPMENT/MATERIALS:

Brown paper bags, an assortment of rocks of different size, shape, and color, "Exploring Feelings" handout (see Grade 9 Handout Masters).

INFORMATION:

Ninth grade may be the transition year for moving to the high school or students may remain in the middle school. It is important to assist students in labeling, accepting, and deciding what to do with their feelings. How the students deal with their feelings affects not only themselves as individuals but their class, family, club, or extracurricular activities as well.

INSTRUCTIONAL STRATEGIES:

1. Brainstorm with the class or have students write a list of feelings or emotions. Many times we generalize to say we feel good or bad but should work to expand the list of feelings (see "Exploring Feelings" handout).
2. Discuss in small groups how these feelings make one feel and how behavior is affected. What happens? What are your options?
3. Discuss how behavior and feelings may change due to the situation. For example, the feeling of frustration may be handled differently in one's own home or classroom compared to being in line at the post office or in a hallway at school.

EVALUATION/MODIFICATION:

A variation may be to have students place their chairs in a circle with one chair in the middle of the circle. Have a student reach into the bag and select a rock. Ask the student to describe to the group what feeling the rock reminds him/her of or what he/she is currently experiencing. Conclude by asking the student as an individual, or the group as a whole, to describe how they usually deal with that feeling. Offer suggestions as necessary.

Discuss the list of feelings. Did you list mostly good feelings or bad feelings? When can bad feelings be good and good feelings be bad? Why is this so?

VIOLENCE IN DATING

OBJECTIVE:

To examine personal safety concerns in dating.

LIFE SKILL:

To promote personal, family, and community safety as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

INFORMATION:

Domestic violence, including child abuse and neglect, spouse abuse, and abuse of the elderly is in the news more and more. Community awareness and reporting of violent offenses are on the rise. Also of concern to adolescents is the phenomenon of abuse in dating situations. The abuse may be verbal, psychological, or physical.

Date rape is a significant issue of concern. The need to maintain personal safety should be emphasized. Community resources for referral should be identified as some students in violent situations will be fearful to speak up in class but may follow through with agencies outside of class.

INSTRUCTIONAL STRATEGIES:

1. Describe types of domestic violence, e.g., child abuse and neglect, spouse abuse, and abuse of the elderly. Note that each of these areas of abuse could be the focus for a curriculum unit for a week or longer with videos, guest speakers, writing assignments, bulletin boards with statistics, etc.
2. Considerations of the abuse should be examined such as history, causes, and social attitudes. For example, some in our society hold the belief that it is acceptable for spouses to be allowed to hit one another or for parents to hit their children; others disagree. Discussion, therefore, involves identification of how cultural values may affect decision making and behavior.
3. Discuss violence in dating relationships. Include the role of peer pressure and how fear and lack of information may affect the situation. Role-play potential interactions involving personal safety. Be sure to offer students the option to pass during the role-play as some activities may be too revealing and painful for students experiencing abusive situations.

4. Sources of help should be identified and made available to students in written format. Speakers from some agencies may come to class to share information and provide a link for students who may be in need of assistance.

RESOURCES:

Speakers from community agencies that deal with abusive situations could include the following agencies: Battered Women's Shelter, Planned Parenthood, or a county health department.

Prevent Child Abuse, Inc., in Bozeman, MT, has developed a model planning format for communities to develop and implement personal safety, sexuality, and health enhancement curriculum. Contact them for additional information.

MYTHS OF LOVE

OBJECTIVE:

To explore how myths of love affect our perceptions of dating and mate selection.

LIFE SKILL:

To promote good mental and environmental health practices within families and communities as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

INFORMATION:

Myths about love and marriage often obscure reality. Partners may view one another and marriage itself with blinders or rose-colored glasses. For example, one myth prevalent today is "love conquers all . . . no matter what the dilemma or problem; if we love each other it will be okay." Students may benefit from reflection on the myths of love and marriage and how and why the myths are supported by the media and society in general.

INSTRUCTIONAL STRATEGIES:

1. Have the class brainstorm myths of love and marriage. Write the list on the chalkboard or overhead.
2. Break into small groups and have the groups discuss the items listed. Do you agree the item is a myth or not? How is the item affected by the media or society as a whole?

EVALUATION/MODIFICATION:

Guest speakers may be utilized, i.e., a panel discussion or individual speakers including teen parent(s), young married couples, middle-aged adults, or retired couples. It is interesting for youth to discuss and see couples and love relationships across the life span, not just love as a stage of teenage life or young adulthood.

RESOURCES:

Marriage preparation or marriage enrichment curriculum materials are available. Some churches require counseling and training in preparation for marriage. One example is "Couple Communication" for couples who are married, engaged, or seriously involved. Contact (303)794-1764.

Kidsrights at 1-800-892-KIDS has numerous videos, games, and books for purchase related to adolescent peer pressure, self-esteem, sexuality, and parenting.

HEALTH ENHANCEMENT: CHOICES

OBJECTIVE:

To explore the major goals of a Health Enhancement Program and how they relate to individual students.

LIFE SKILL:

To promote personal, family, and community safety as part of a healthy lifestyle.

TEACHING FACILITY

Classroom.

INFORMATION:

School districts, in undertaking curriculum development in health enhancement, should keep in mind the major goals of a Health Enhancement Program:

1. Integrate lifestyle management throughout the curriculum;
2. Focus on the total self and the development of self-responsibility, values, attitudes, and behaviors;
3. Give students decision-making tools for personal health; and
4. Address intellectual, social, emotional, and physical dimensions of healthy lifestyles.

INSTRUCTIONAL STRATEGIES:

1. Divide the class into four groups representing intellectual, social, emotional, and physical dimensions of healthy lifestyles.
2. Ask students in each group to:
 - a. identify dimensions of the healthy lifestyle their group represents;
 - b. identify ways they are currently receiving information about the lifestyle;
 - c. suggest ways they would like to receive additional information about the lifestyle.

The work of the small groups could be listed on newsprint and posted or presented to the class by each group.

3. Discuss how values, attitudes, and behaviors affect the development of self-responsibility. Role-play situations to illustrate differences in family, cultural, or societal values. How do values affect choices in behavior?

RESOURCE:

Urie Bronfenbrenner has developed a theory that examines how the child is affected by social context and his/her environment during childhood. His theory, human ecology or ecological theory, examines the child in the context of the family, the community, and society. For additional information:

Bronfenbrenner, U. (1993). Ecological Systems Theory. In R. K. Wozniak and K. Fischer (Eds.), Development in Context. Hillsdale, NJ: Erlbaum.

ADVERTISING IN SPORTS AND YOU

OBJECTIVE:

To analyze advertising and the effects of advertising on consumers.

LIFE SKILL:

To promote personal, family, and community safety as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

EQUIPMENT/MATERIALS:

Magazines, newspapers, pamphlets, "Advertising/Media Techniques" handout (see Grade 9 Handout Masters).

INFORMATION:

Activities to help students recognize the type of advertising appeal the advertiser uses to sell products form the basis of this unit. Students need to become aware of the role of advertising in their decision to purchase a product. Different groups of people are more interested in different products. For example, people who play soccer or tennis may have different interests than people who play basketball or football. Thus, advertising during sporting events reflects differences.

CLASS ARRANGEMENT:

Small group/individual.

INSTRUCTIONAL STRATEGIES:

1. Instruct students to watch three different sporting events on television during the week or on a weekend. They will need to watch each event for at least 20 minutes. Distribute the "Advertising/Media Techniques" handout.
2. Students should complete the following questions:
 - a. List the products advertised during the sporting event.
 - b. Why did the advertisers pick that sport/program for their ads?

- c. Describe the people present in the ads (age, sex, ethnicity, fitness level, etc.).
 - d. What facts does the ad give about the use or the price of the item?
 - e. Does the ad appeal to a need, want, or interest that you have?
- 3. Class members could discuss their answers in small groups or as a class.
 - 4. Discuss how and why advertising is targeted to certain age groups and segments of the population.

EVALUATION/MODIFICATION:

Name three different groups of people who buy products. Find at least five ads from newspapers or magazines that appeal to each of those groups. Make a bulletin board, booklet, or poster showing these three market groups and the ads that might appeal to them.

RESOURCE:

Consult the Colorado Core Curriculum "Life Management" produced by and for the Colorado Community College and Occupational Education System and Colorado State University.

SEXUALITY, MEDIA AND YOU

OBJECTIVE:

To understand the social forces that influence sexuality.

LIFE SKILL:

To promote personal, family, and community safety as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

EQUIPMENT/MATERIALS:

Magazines, newspapers, rock videos, posters.

INFORMATION:

Social forces, including peers, media, and cultural values, influence sexuality. It is important to understand how one's knowledge and feelings about sexuality, and the choices made regarding sexual behavior may be affected consciously and unconsciously by social forces.

INSTRUCTIONAL STRATEGIES:

1. Peers. Adolescents often strive to be like their peers. Thus, in the quest for identity they may align themselves with different groups of friends and try different behaviors to match different groups. Ask students to reflect on times when they have gone along with the group and decided to do a particular behavior. Upon further thought, they may wish they had not done so. (Be aware that some students may not wish to share this information verbally but rather in written format.) Next, discuss how peer pressure may occur in decisions regarding sexuality.
2. Media. Ask students to list media that influence society. Examples may include newspapers, television, rock videos, movies, or products for purchase from movies or television shows. Discuss what messages are being portrayed by the media. Have students explain how the media has affected their behavior, decision-making process, or goal setting.

For a homework assignment, students could be asked to bring to class a favorite poster, magazine, or media art that has affected their decisions or perceptions. Explain why or how she/he was affected.

3. Cultural values. All families help shape beliefs in their children. Due to particular ethnic, religious, or cultural tenets, families espouse different beliefs. Ask students to write an essay and/or share in small groups ways they perceive their family has shaped their attitudes toward sexuality.

EVALUATION/MODIFICATION:

The activities in this lesson could occur over time. For example, daily activities for a week or once a week for a month. Often with content as value-laden and sensitive as sexuality, students need reflection time between lessons. Providing additional time may lead to an increase in the number of questions as well as the depth of discussion.

RESOURCES:

Family Life Education Curriculum of the State of Nebraska.

Pediatrics, 83(2), February 1989, has a statement on "Impact of Rock Lyrics and Music Videos on Children and Youth" prepared by the American Academy of Pediatrics.

HIGH SCHOOL THEN AND NOW

OBJECTIVE:

To explore the differences between the high school days of one's parents and one's high school experiences today.

LIFE SKILL:

To promote good mental and environmental health practices within families and communities as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

EQUIPMENT/MATERIALS:

Students will be asked to bring artifacts from their parents' high school days such as letterman jackets, clothing, jewelry, posters, yearbooks, etc.

INFORMATION:

Learning to understand the past experiences of others helps us understand ourselves today. Youth often regard parents as if they were from many generations ago instead of just one. By promoting investigation and interest in their parents' high school experience, a dialogue about a common experience (high school) can be initiated between parent and child. Upon completion of the activity, it is hoped a greater understanding and appreciation of one another's high school experiences will occur.

INSTRUCTIONAL STRATEGIES:

1. As a class, discuss how high school is different today compared to what it was in the past for your parents. For example, consider course work, sports activities, social activities, jobs, wardrobe, teachers, etc.
2. Ask students to complete the following assignment. The students ask their parent(s) to provide an artifact for them from their high school days. Students should talk with them about the significance of the item and what their daily life was like in high school. Students should be prepared to show and describe the item to their classmates.

3. After the class has completed sharing the items (it may take a week), have students write an essay summarizing high school--then and now. Ask them to include information on their perceptions of health and wellness, then and now, as part of the high school experience.

EVALUATION/MODIFICATION:

Have someone from the high school's 25-year or 50-year class reunion attend class and share their reminiscences of the high school in the past. Compare their experience to yours in an essay assignment.

RESOURCE:

The movie "Peggy Sue Got Married" could be viewed and discussed by the class.

WHAT DO I WANT?

OBJECTIVES:

To learn goal identification techniques, to understand how to set attainable objectives, and to participate in the decision-making process.

LIFE SKILL:

To promote good mental and environmental health practices within families and communities as part of a healthy lifestyle.

TEACHING FACILITY:

Classroom.

INFORMATION:

Some people believe goals are for the “big things” in life like their choice of a job or a career, school, or how much money they want to make when they grow up. These are considered to be long-term goals because they usually take several years to achieve.

One way to achieve all the major goals set for oneself is to begin with short-term goals. Short-term goals are for the things you desire in the near future. For example, you may decide on a Monday you want to do well on a history test on Friday.

Short-term goals can be exciting and challenging. They can change your life. As you achieve each short-term goal, you will feel more confident. You will feel as if you can do anything you set out to do. Learning to set and to work toward short-term goals now will help you achieve all the major goals you set for yourself for the rest of your life. The steps you take for meeting your goals are called “objectives.”

CLASS ARRANGEMENT:

Large groups.

INSTRUCTIONAL STRATEGIES:

This is about goals for today. Write down a goal and list three objectives that will help to reach that goal.

1. _____

Objectives:

a. _____

b. _____

c. _____

List a goal for the coming year and three objectives that will help to reach it.

2. _____

Objectives:

a. _____

b. _____

c. _____

List a goal you hope to achieve by the time you are 35 years of age. List objectives you feel will help you reach that goal.

3. _____

Objectives:

a. _____

b. _____

c. _____

EVALUATION/MODIFICATION:

By setting objectives, you are listing specific steps you must take to reach your goals. For example, if you wanted to lose 15 pounds in 10 weeks, you will need to lose 1 1/2 pounds each week. By doing a little research, you would probably determine that you should develop a good weight management program. It would also be important to increase your level of physical exercise each day. Your goal and objectives, therefore, would probably look like this:

Goal: To lose 15 pounds in 10 weeks.

Objectives:

a. Begin a good weight control program.

b. Exercise 20 minutes a day.

c. Lose 1-1/2 pounds a week.

MOUNTAIN BIKING

OBJECTIVE:

To demonstrate backcountry riding manners and techniques.

LIFE SKILL:

To promote physical activity and exercise as part of a healthy lifestyle.

TEACHING FACILITY

Large open area.

EQUIPMENT/MATERIALS:

Mountain bicycles, helmets, tools (allen wrenches, screwdrivers, socket and wrench metric and standard, 5/16, 1/2 and smaller box end wrenches and adjustable jaw wrench).

INFORMATION:

Mountain biking is an exciting new sport enjoyed by many people. Mountain biking is limited to established roadways in national parks, and is not allowed in wilderness areas in national forests.

Mountain bicycling etiquette is just as important as riding skills. Access policies on private, state and federal lands are continually being reviewed. Respecting the land and other people gives bikers a better image and helps not to lose access because of the few uniformed, careless people on bikes.

SKILLS NEEDED:

Ability to ride a bicycle, stopping, scanning, rock dodging, wearing a properly fitted helmet while riding, assistants knowledgeable in mountain bike skills, stop watches for timing track stands.

TEACHING STRATEGIES:

The number of assistants determines the number of stations used. For varying degrees of difficulty establish additional stations.

1. Track Stands: Ride slowly to a standstill and try to stay upright as long as possible. Add challenge by timing the attempts to stay upright. To perform double track stands, two riders hold each other's bikes near the handle bars, making a cross support out of their arms. Use teams of four to begin.

-
2. Pull ups: Have pairs of students coach each other to lean back to pull up their front wheel while riding forward slowly. A major concern is to not go over backwards but to try to get adequate lift to get over obstacles.
 3. Unweighting: Have them practice dropping off a low platform leaning forward to unweight their rear tire but not roll over the handlebars. Rotate students in to help anyone having trouble.
 4. Slalom Course: Set cones three feet apart and have students ride for control. Increase difficulty by closer placement of the cones. Set the cones wider and have students ride around them standing on one pedal with their body weight on one side of the bike. Students should try it on both sides.
 5. Obstacle Course: planks, turns, raised planks, jumps, drops, etc.
 6. Climbing: Teach weighing with the objective that the bike tire remain engaged but without spinning. Help students get a feeling for keeping some weight on the front wheel but not steering with it so their bike doesn't wobble off the track. Steering should come from the body.
 7. Downhill: Review weighing over the back. The key is to remain in control so that wheels don't slide when making turns downhill and braking.
 8. Distribute the Mountain Bicycling Etiquette handout and review.

EVALUATION/MODIFICATION:

Questions to share: Why is communication important on trails? How do you make personal contacts pleasant? How close can you get to someone before they hear your bike? When should one say something loudly to them?

RESOURCES:

L.I.M.B. Video & Lesson Plans Available on Loan, Low Impact Mountain Bicyclists of Missoula, P.O. Box 2896, Missoula, MT 59806.

Montana Fish, Wildlife & Parks (Montana Trails News), P.O. Box 200701, Helena, MT 59620-0701, 406/444-4585.



Grade

9

HANDOUT
MASTERS

Progressive Exercise Program

CHART A

Men Level	Points	Women Level	
15	350	12	+one mile continuous jog
14	300	11	+one mile continuous jog
13	250	10	+one mile continuous jog
12	200	9	+one mile continuous jog
11	150	8	+one mile continuous jog

CHART B

Points	Miles (Laps)	Curl-Ups	Push-Ups
350	2.50 (10)	35	15
300	2.25 (9)	35	15
250	2.0 (8)	35	15
200	1.75 (7)	35	15
150	1.50 (6)	35	15

CHART C

Men Minutes	Points	Women Minutes
11:00	350	12:30
11:30	300	13:15
12:00	250	14:00
12:30	200	14:45
13:15	150	15:30

CALORIES PER SPORT WORKSHEET

Student: _____

Period: _____

HEALTH-RELATED FITNESS COMPONENTS RATING

[illegible]

NAME THAT DISEASE

1. Name of disease: _____
 2. Early symptoms: _____
 3. Signs that other people can see: _____
 4. Is it likely that the person will have a fever? _____
 5. Will a person have to stay home from school more than two or three days? _____
 6. Is there any kind of medicine that will help cure this disease? _____
 7. Is the disease communicable or noncommunicable? _____
-

JENNY AND THE BUS DRIVER

Jenny has AIDS. She has Kaposi's sarcoma, and some of the purplish blotches or lesions from the disease show on her face. She has just boarded a bus and paid her fare. The bus driver, recognizing the lesions as a sign of AIDS, says: "I'm not going to let you on this bus because you have AIDS. I have other passengers to protect. You will have to get off the bus." The other passengers get angry because they are trying to get somewhere, and the bus is just sitting there. Some of them yell at the bus driver, and some yell at Jenny.

- A. If you were one of the passengers on the bus, what would you do?
 - B. What would have been the best thing for Jenny to do in this situation?
 - C. What should the bus driver have done in this situation?
 - D. Should people with HIV/AIDS be allowed to ride public buses? Why or why not?
 - E. If you were the director of transportation, what kind of policy do you think you might set for situations like this one?
 - F. What if Jenny were Justin (a male)? How would this situation be different? What assumptions would people make?
-

DRUGS AND CRIME

1. Fifty-four percent of people convicted of violent crimes had used alcohol before committing the offense. If 900,000 people were arrested for violent crimes, how many had used alcohol before they were arrested?
 2. Thirty percent of all suicides are at least partly attributed to alcohol. If 20,000 people commit suicide, how many of these suicides were directly or indirectly caused by alcohol use?
 3. Heroin addicts may have to steal items worth three times the cost of a daily drug habit (because they get so little for reselling stolen goods). If a person has a \$50-a-day heroin habit, how much would he have to steal in one day to cover his addiction? How much for one week?
 4. Each year, there are some 500,000 drug-related arrests. At that rate, how many total drug-related arrests will we have in 7 years? 15 years?
 5. Half (50%) of all motor vehicle fatalities are attributed to alcohol use. if there are 34,000 motor vehicle fatalities in one year, how many can be attributed to alcohol?
 6. Approximately \$8 billion are spent on drug enforcement every year in the United States. Drug users spend \$90 billion a year to purchase illegal drugs. If no one purchased illegal drugs for one year and no money was needed for drug enforcement that year, how much money could be used for healthier purposes?
-

“DEAD GIVEAWAYS”

Advertising Techniques

1. Exaggerated claim World’s best, the greatest works like magic, exclusive, special, miracle
 2. Vagueness (A statement that is not explained or that can be interpreted in different ways). Natural and organic, extra rich formula, new and improved, lose up to five pounds, fights pimples, you can’t buy a better product
 3. Unfinished comparison Has more pain-killing ingredients, acts twice as fast, costs less (than WHAT?)
 4. Claim that product has scientific backing Five out of six doctors recommended, hospital tested, laboratory reports prove, research shows
 5. Claim that product will cure variety of ailments at one time
 6. Offer of reward Special savings, free coupon, free prize, buy X and get Y free, once-in-a-lifetime bargain
 7. Use of testimonial (Recommendation from a celebrity or ordinary person.) After a hard day playing pro tennis, I like to shower with Super Wizz Soap
 8. Indication that you will be left out, scare tactic or warning if product is not used Millions use it, don’t always be the bridesmaid, join the crowd, just ask your friends
 9. Flattery (Implications that you are a special person who naturally will want to use a special product.) Doesn’t it just make sense? People who know about quality choose Acme. Of course, Softskin is expensive, but aren’t your hands worth it?
 10. Implications that product will turn you into a good-looking, popular, and happy person If you’re tired of being a weakling, try the Muscle Bound Plan and make the girls look twice. Ashamed of your thin figure--try Add-On Bust Developer and end your worries!
-

DRINKING AND DRIVING:

WHOSE RESPONSIBILITY?

A SCENARIO

It was a Friday night and Steve called his good friend, Chris, to see if she wanted to go out dancing. Steve and Chris were both high school seniors. Chris, who had just finished a major exam, was eager to celebrate. Steve picked Chris up at her house. As Chris got into the car, she noticed that Steve had a beer in his hand. Not wanting to put a damper on the evening, Chris shrugged off her concern of Steven's behavior.

After arriving at a favorite, local hang out, Chris and Steve began to dance. They were having a great time and were working up a sweat when Steve offered to buy a beer. Chris was thirsty but feeling obligated to pay, she told Steve that she would buy the next round.

Chris and Steve saw some friends and decided to sit with them while drinking their beer. The group began to play "quarters" (a drinking game), and Scott, Steve's older friend, insisted that Steve play. Steve, not wanting to drink too much because he was driving, declined. However, Scott continued to hound Steve until he finally gave in and played. Meanwhile, Chris had asked a friend to dance and was unaware of what Steve was doing.

The "quarters" game broke up after 45 minutes, and Steve joined Chris on the dance floor. Steve noticed that Chris was as sweaty as he was and asked her if she wanted something to drink. Chris replied by giving Steve money and sending him for "liquid refreshments." Steve was beginning to feel the effects of the "quarters" game but decided that one more beer wouldn't kill him. Steve asked the bartender for two beers and the bartender, aware of Steve's condition, gave him the beers.

After drinking the beer, Chris told Steve that she was ready to go home because she had to get up early the next morning. Chris, noticing that Steve had had a fair amount to drink, asked him if he was okay to drive. Steve replied that he could drive and had driven home safely in much worse condition.

Several miles down the road, Steve noticed a car following him. He looked in his rear view mirror to see the flashing lights of a police cruiser and pulled off to the side of the road. Steve, trying to keep his composure, reached for his license and asked Chris to get his registration from the glove box. Steve rolled down his window to greet the police officer. The officer approached the car and asked Steve for his license and registration. The officer recognized Steve as a friend's son and asked Steve if he had been drinking. Steve replied that he had had a few beers earlier in the evening and was on his way home. Officer Holiday, knowing Steve was a "good kid" and only a few miles from home, decided to let him go without further questioning.

Steve's confidence increased after conversing with Officer Holiday, and five miles down the road he veered left of center, smashing into an oncoming car.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

IN CASE OF FOODBORNE ILLNESS

The following are general guidelines to follow if foodborne illness is suspected.

PRESERVE THE EVIDENCE

- If a portion of the suspect food is available, wrap it securely in a heavy plastic bag and place it on ice in a secure container marked "DANGER." Write down the name of the food, when it was consumed, and the date of the illness. Store the container away from children, pets, and other foods, in a location where it will not be mistaken for edible food.
- The sample may be useful to medical personnel treating the illness and/or health authorities tracking the problem.
- If available, also save the container, wrapping and any metal clips used on the original package. This is where the Establishment number, which indicates the plant that a meat or poultry product is from, is shown.

SEEK TREATMENT AS NECESSARY

- As with any illness, judgment should be used to determine if and when to seek professional medical advice or care.
- Keep in mind that it is important to drink liquids such as water, tea, apple juice, bouillon, or ginger ale to replace fluids lost through any episodes of diarrhea or vomiting.
- If symptoms are severe, or the victim is quite young, pregnant, elderly, or has a chronic illness, professional medical advice or care should be sought immediately.

CALL THE LOCAL HEALTH DEPARTMENT IF:

- The suspect food was served at a large gathering.
- The suspect food is from a restaurant, delicatessen, sidewalk vendor, or other commercial or institutional kitchen.
- The suspect food is prepared and packaged in a retail grocery store.
- The suspect food is a commercial product.

TRY TO HAVE THE FOLLOWING INFORMATION AVAILABLE WHEN CALLING:

- Your name, address, and daytime phone number.
- The name and address of the event, party, or establishment where the suspect food was consumed or purchased.
- The date that the food was consumed and/or the date of purchase.
- If the suspect food is a commercial product, have the container or wrapping in hand for reference while on the phone. Most meat and poultry products have a USDA or state inspection stamp and a number that identifies the plant where the product was manufactured. Many products also have a code indicating when the item was produced. This information can be vital in tracing a problem to its source.

OTHER AUTHORITIES TO CALL:

- Foodborne illness involving a USDA-inspected meat or poultry product may also be reported to the toll-free Meat and Poultry Hotline at 1-800-535-4555.
- Foodborne illness involving other products that cross state lines may be reported to the nearest Food and Drug Administration office listed in the local phone book.
- Foodborne illness involving products that are sold only within the state may be reported to the state health department or the state department of agriculture.

TEST YOURSELF

WHAT KIND OF A TOBACCO USER ARE YOU?

1. Is it extremely difficult for you to go a half-day without using tobacco?
☐ YES ☐ NO
 2. Do you have an intense repeated craving for tobacco?
☐ YES ☐ NO
 3. Do you feel a need to smoke a certain minimal number of cigarettes each day or take a certain amount of dips each day?
☐ YES ☐ NO
 4. Do you often find yourself smoking or chewing tobacco when you weren't aware of it?
☐ YES ☐ NO
 5. Do you always smoke or chew at certain times, as when you're on the phone, watching TV, or when you're with certain friends?
☐ YES ☐ NO
 6. Could you go for a whole day without needing to smoke or chew?
☐ YES ☐ NO
 7. Do you smoke or chew more after having an argument with someone?
☐ YES ☐ NO
 8. Is smoking cigarettes/chewing tobacco pleasant and relaxing?
☐ YES ☐ NO
 9. Do you smoke or chew when you feel uncomfortable or upset?
☐ YES ☐ NO
 10. Do you smoke/chew tobacco for the same reason you smoked/chewed the first time?
☐ YES ☐ NO
-

SCORING THE TEST

(FOR WHAT KIND OF A TOBACCO USER ARE YOU?)

The quiz “**Test Yourself**” will help you find out what kind of a tobacco user you are.

For questions **1, 2, and 3**, how many “yes” answers did you have? If you had two “yes” answers out of three, you are probably *addicted* to tobacco. In other words, your body “needs” the nicotine in tobacco.

For questions **4, 5, and 6**, how many “yes” answers did you have? If you had two “yes” answers out of those three, you are probably *habituated* to tobacco. That means using tobacco is a strong habit for you.

For questions **7, 8 and 9**, how many “yes” answers did you have? If you had two “yes” answers out of those three, you are probably *psychologically* addicted to tobacco. Which means you have an emotional need to smoke or chew tobacco.

Don’t be surprised if you answered “yes” to most of the questions. You can be addicted, habituated and psychologically dependent on tobacco! It may help you give it up if you can identify what role tobacco plays in your life.

Addiction: Physically or psychologically crave. Compulsive physiological or psychological dependence. Body needs nicotine or you have an emotional need to smoke or chew tobacco.

For people who are mainly *physiologically addicted* to tobacco, the first few days off are often the most difficult. However, after the withdrawal period is over, those people may find it easier to stay quit because their dependency is more physical than emotional.

For people who are *psychologically addicted* to tobacco, it is important to find other ways to cope with emotional needs and stress. Many people feel that tobacco relaxes them or comforts them. One way to break a psychological dependence on tobacco is to rely instead on friends for comfort during times of stress.

Habit: A behavior pattern acquired by frequent repetition which becomes routine and important. This behavior becomes so familiar that 1 pack a day/1 year smokers move their hand to their mouth 73,000 times.

People who are mainly *habituated* to tobacco may need to break the habits which go along with smoking or chewing. For instance, if a habituated smoker always sits around talking and smoking during break, that person may find it easier to give up smoking if he or she gets away from the smoking area and finds some other kind of activity to do. With this technique, you try to do something else in those situations which usually trigger an impulse to smoke or chew tobacco.

Of course, people who are addicted, habituated, and psychologically dependent may need to try many different methods when they give up using tobacco.

FAGERSTROM'S TEST

How ADDICTED TO NICOTINE ARE YOU?

A = 0 points

B = 1 point

C = 2 points

1. How soon after you wake up do you smoke your first cigarette if there were no restrictions?
A. after 30 minutes
B. within 30 minutes
2. Do you find it difficult to refrain from smoking in places where it is forbidden, such as the library, school, and movie theater?
A. No
B. Yes
3. Which of all the cigarettes you smoke in a day is the most satisfying?
A. Any other than the first one in the morning.
B. The first one in the morning.
4. How many cigarettes a day do you smoke?
A. 1-15
B. 16-25
C. +26
5. Do you smoke more during the morning than during the rest of the day?
A. No
B. Yes
6. Do you smoke when you are so ill that you are in bed most of the day?
A. No
B. Yes
7. Does the brand you smoke have a low, medium, or high nicotine content?
A. Low (0.4 mg)
B. Medium (0.5 to 0.9 mg)
C. High (1.0 mg)
8. How often do you inhale the smoke from your cigarette?
A. Never
B. Sometimes
C. Always

Total Points Scored_____

If you scored 4 points or more and want to quit smoking, you should see your doctor.

A high score means that you are probably dependent on nicotine and you are likely to experience some withdrawal when you stop smoking. A score of 7 or more is considered high. A score under 7 suggests that you are less likely to experience physical symptoms due to withdrawal from nicotine.

NICOTINE AND ADDICTION DISCUSSION STARTER

Before you begin your presentation about the effect of nicotine on the body, this true/false test will generate the students' interest in the topic and help them discover many surprising new facts! Note: You may choose not to ask all the questions, depending on the personality of your group and time limits. You may also choose to add your own questions.

Instruct the students to take out a piece of notebook paper and number from 1 to 12. Tell them this is not a test and the papers will not be collected. Read the true/false questions and explain the answers when all questions have been given.

1. Nicotine from an inhaled cigarette reaches the brain faster than from intravenous injections.

TRUE—Within seconds approximately 1/4 of the nicotine has travelled through the bloodstream directly to the brain! (American Lung Association brochure, "Facts About Nicotine Addiction and Cigarettes," June 1988.)

2. Scientists have found that nicotine is as addictive as heroin, cocaine and amphetamines.

TRUE—(Blakeslee, Sandra, "Nicotine: Harder to Kick. . . than Heroin," The New York Times Magazine, March 28, 1987.)

3. The majority of today's smokers began smoking after the age of 21.

FALSE—Three quarters of current adult smokers began smoking before the age of 21. In fact, the majority of high school seniors who smoke began their addiction by age 16, and 57 percent by age 14. (National Institute on Drug Abuse, Drug Use Among American High School Students, College Students and Other Young Adults," 1986, published in 1987.)

4. Most smokers do not want to quit smoking.

FALSE—In 1986, about half of all high school seniors who smoke cigarettes on a daily basis indicated they would like to quit; 53 percent have already tried to quit but were unable to do so. The addictive nature of nicotine is demonstrated by this statistic: less than 5 percent of daily smoking high school seniors think they will "definitely" be smoking five years in the future. Follow-up studies have shown that of the daily smokers in high school, 75 percent are still daily smokers on an average of eight years later. (National Institute on Drug Abuse, "Drug Use Among High School Students, College Students, and Other Young Adults," 1986, published 1987.)

5. An injection of one drop of nicotine will render an average-sized man unconscious within a few minutes.

FALSE—One drop (70 mg) will kill an average man within a few minutes. Most cigarettes contain somewhere between .2 mg and 2.2 mg. (Educational Development Center, Inc., Teenage Health Teaching Modules, "Projecting Oneself and Others, Smoking, Drinking, and Drugs," 1982, p. 84.)

-
6. The more education a person has, the less likely it is that he or she will smoke.

TRUE—In 1986, 6.4 percent of college-bound seniors smoked a half-a-pack or more daily, compared with 19.2 percent of non-college bound seniors. (National Institute on Drug Abuse, "Drug Use Among High School Students, College Students, and Other Young Adults," 1986, published 1987.)

7. Fires due to cigarettes are the second-leading cause of all fatal home fires.

FALSE—Cigarettes are the first cause of fatal home fires. Many addicted smokers choose to smoke in bed before they fall asleep or first thing when they awake (not a safe thing to do). The time at which a person has their first cigarette is a measurement of their addiction. A person who smokes in bed in the morning may be more addicted than the person who has their first cigarette when they are walking to school.

8. A pack-a-day smoker deposits 1 cup of coal tar in his/her lungs every year.

FALSE—About one quart of tar will be deposited (American Lung Association, American Heart Association, "The Breathing Easy Teaching Guide," 1984, p. 4.)

9. Approximately 30 percent of teenagers smoke.

FALSE—In 1986, the breakdown of high school students who smoked a half-a-pack or more on a daily basis was:

- 16 percent Northeastern states
- 12 percent North Central states
- 10 percent Southern states
- 7 percent Western states

(National Institute on Drug Abuse, "Drug Use Among High School Students, College Students and Other Young Adults," 1986, published in 1987.)

10. Teenagers don't really care if their date smokes or not.

FALSE

- 62 percent teens in Northeastern states
- 68 percent teens in North Central states
- 81 percent teens in Southern states
- 81 percent teens in Western states

(Survey by American Lung Association conducted by Opinion Research Corporation in July 1986.)

11. Nicotine gives a person wrinkles and cold hands.

TRUE—Nicotine constricts the blood vessels which bring oxygen and warmth to all parts of the body. Without the proper amount of oxygen, skin ages faster. People who smoke or chew have impaired circulation which is particularly noticeable in the hands and feet. Stopping the use of nicotine will increase circulation and improve these areas. Many surgeons will not perform cosmetic surgery, heart surgery or many other kinds of operations unless the person stops using nicotine. (American Lung Association, "Facts About Nicotine Addition and Cigarettes," June 1988.)

-
12. If you smoke low-tar cigarettes, you don't really need to worry about health problems.

FALSE—There is no such thing as a safe cigarette. Low-tar cigarettes often produce higher levels of chemicals such as carbon monoxide than to high-yield cigarettes. What's more, to get the amount of nicotine they're used to, some smokers inhale deeper and more frequently. (American Lung Association, "Are You Kidding Yourself About Smoking?" from the Freedom From Smoking program.)

**NICOTINE IS AN ADDICTIVE DRUG, BUT IT IS
POSSIBLE TO KICK THE HABIT! MILLIONS OF
PEOPLE HAVE QUIT AND YOU HAVE THE POWER
TO BE SUCCESSFUL TOO!**

NICOTINE: HARDER TO KICK . . . THAN HEROIN

BY SANDRA BLAKESLEE

Despite overwhelming evidence that tobacco is destroying their health and shortening their lives, 53 million Americans continue to smoke. Increasingly aware that their addiction is also harmful to their children and co-workers, they continue to puff away on 570 billion cigarettes a year.

Many smokers are highly intelligent people with impressive levels of control over institutions, budgets, employees and political affairs. Yet, after repeated attempts to give up smoking, they find that they cannot control this one, seemingly uncomplicated, aspect of their behavior. Are smokers more weak-willed than nonsmokers or former smokers? Or do millions of people continue to smoke for reasons more powerful than previously imagined? What, for example, could possess a heart attack victim to light up a cigarette the moment he/she is wheeled out of the coronary care unit?

Interdisciplinary research in pharmacology, psychology, physiology and neurobiology is just beginning to shed light on the incredible hold that tobacco has on people. Scientists have found, for instance, that nicotine is as addictive as heroin, cocaine or amphetamines, and for most people more addictive than alcohol. Its hooks go deep, involving complex physiological and psychological mechanisms that drive and maintain smoking behavior and that even produce some "good" effects, such as improved performance on intellectual, computational and stressful tasks.

The bad effects are legion. Tobacco use is the number one preventable cause of illness and death in the United States. The medical bill for individuals with fatal illnesses related to smoking has been estimated at \$60 million a day, according to a 1985 study by the congressional Office of Technology Assessment.

Since the first Surgeon General's report on smoking in 1964, about 37 million Americans have quit.

—Sandra Blakeslee is a freelance writer living in Los Angeles.

WHO IS MORE LIKELY TO USE TOBACCO AS A TEENAGER?

Prevalence of Tobacco Use

- 90 percent of all smokers start by age 19.
- 60 percent of all smokers start by age 14.
- The younger one starts to smoke, the more likely one will:
 1. Remain a smoker
 2. Smoke more heavily
 3. Die prematurely
- 3,000 teenagers light up for the first time everyday in the U.S.
- Over 3,000 Montanans begin using tobacco every year.
- The average age Montana youth start to smoke is 13.
- The average age Montana youth start to use smokeless "spit" tobacco is 10.
- Smokeless tobacco rates in Montana are **two and one-half times the national average**.
- Tobacco-related illness/disease is the single most avoidable cause of death.

Who is More Likely to Use Tobacco?

- Adolescent smokers are more likely to hold part-time jobs while in schools, come from single parent families, and are less likely to go to college. The more education a person receives, the less likely that person is to use tobacco.
- Children of tobacco users are more likely to use tobacco themselves.

Why Do Adolescents Use Tobacco?

1. Peer pressure and social acceptance.
 2. A desire to appear mature.
 3. A desire to assert independence.
 4. A desire to mimic parents or role models.
 5. Advertising and promotion by the tobacco industry.
 6. Dependency on nicotine (nicotine is an addictive substance which may be harder to quit using than heroin).
-

WHY PEOPLE SMOKE

Emotional Reasons

Relates to needs that are not being met.

- Increase self-esteem or self-confidence.
- Escape emotional upset.
- Reduce anxiety or tension.
- Avoid pressure of making a decision.
- Assert independence.

Physical Reasons

Relates to the physical effects that result from using. Attempting to:

- Feel relaxed.
- Block pain.
- Intensify sensations.

Social Reasons

Relates to the need to interact with other people. Attempting to:

- Gain recognition or admiration of friends.
- Overcome shyness.
- Escape loneliness, family problems, etc.
- Aid communication.

Intellectual Reasons

Relates to effects of cigarettes on thought processes. Attempting to:

- Better "understand self."
- Avoid mental fatigue.
- Satisfy curiosity.

Combination

Relates to several purposes listed above being served. For example, smoking may serve social need for acceptance, physical need for relaxation, and emotional need for self-esteem.

SIGNS OF ANOREXIA NERVOSA OR BULIMIA NERVOSA

- Preoccupation with food, weight (counting calories, excessive dieting)
- Claims of “feeling fat” when weight is normal or low
- Guilt and shame about eating
- Frequent weighing
- Evidence of binge-eating
- Hoarding of food
- Use of laxatives, diuretics, purgatives, emetics, excessive exercise
- Secretive vomiting: leaving for the bathroom immediately after a meal
- Extreme concern about appearance
- Dichotomous thinking (thinking in extremes: “If I’m not thin, I’ll be grossly obese”)
- Moodiness, irritability, and depression
- Low self-esteem
- Need for perfection
- Social withdrawal and intolerance of others
- Oversensitivity to criticism

SPECIFIC SIGNS OF ANOREXIA NERVOSA

- Significant weight loss in the absence of related illness
- Significant reduction in eating, coupled with a denial of hunger
- Signs of starvation: thinning of hair, hair loss, appearance of fine raised white hair (lanugo) on the body, bloated feeling, yellowish appearance of the palms or soles of feet, dry, pasty skin
- Amenorrhea (loss of menstrual periods) in women
- Unusual eating habits; preference for foods of a certain texture or color; compulsively arranging food; unusual mixtures of food

SPECIFIC SIGNS OF BULIMIA NERVOSA

- Evidence of binge-eating: actual observation; verbal reports; large amounts of food missing
 - Frequent weight fluctuations
 - Evidence of purging (vomiting, laxative/diuretic abuse, emetics, frequent fasting, excessive exercise)
 - Swelling of parotid glands under the jaw (caused by frequent vomiting)
 - Frequent, unusual dental problems
-

Name_____ Date_____

DANGEROUS DISORDERS

Read the following stories. Using the information discussed in class, identify the eating disorders and symptoms or characteristics in paragraphs A and B. Answer the questions at the bottom of the page on a sheet of notebook paper.

- A. Something has changed about Autumn. She used to be a happy 12 year old with a lot of energy and a sparkle in her eyes. She loved to laugh and talk to anyone who would listen to her. She was a runner and hoped to be a model when she got older.

Lately, her friends have been noticing something different about her. She isn't the same person they once knew. She seems obsessed with her weight and won't talk about anything else. Her teeth look different too, almost as though they are decaying. When her friends ask her if she is sick, Autumn appears annoyed by the question, and she responds with a sharp, "No!"

Her parents both work, so Autumn goes home to an empty house. She heads for the refrigerator as soon as she gets home and seems driven to eat everything in sight. Stopping only when her stomach is unable to hold any more, she heads for the bathroom. She kneels in front of the toilet, pulls back her hair, and forces herself to vomit.

Autumn is beginning to notice that she is unable to hold any food down at all. Whenever she eats, her stomach automatically rejects that food, and she is forced to run to the bathroom to rid her body of it.

- B. People often stop and stare as Chris walks by, sometimes saying, "I have never seen a teenager so thin and yellow!" Chris doesn't believe what they say, and sees a different image reflected in the mirror. "When am I going to lose this weight? Will I always be this fat?"

Food has become an enemy; something to be avoided at all costs. Sleep doesn't seem to bring any rest from this constant worry about weight, and Chris' nights are filled with interrupted sleep and bad dreams.

1. What eating disorder does Autumn appear to have? What makes you think this?
 2. What eating disorder does Chris appear to have? What makes you think this?
 3. Our society places a lot of significance on being thin. We often look to extremely thin models and movie stars for an image of what we should look like. Write a paragraph convincing yourself about the importance of being healthy and physically fit rather than overly concerned about your weight.
-

Name _____

COMMERCIAL TRICKS ARE FOR EVERYONE!

Watch television for one hour any evening (prime time), Monday through Friday, between 7 and 9 p.m.

1. How many commercials did you see? _____
2. How many food commercials did you see? _____
3. What kinds of foods were advertised most (snacks, desserts, breakfast food, main dish, fruits and vegetables, and so on)?

Pick one food commercial and answer the following questions:

1. Name of product _____
2. What advertising technique did the commercial use to influence you (information, status, peer approval, good taste, hero endorsement, sexual attraction, join the gang, entertainment, intelligence, independence, dangling comparative, give away, testimonial, and impossible results)?

3. What techniques were used to keep your attention (lively music, cartoons, kids having fun, and so on)?

4. Did the commercial convince you that this product is nutritious?
 ___ Yes ___ No

Why? _____

Advertising/Media Techniques

Attraction Technique: Features attractive people who imply that by eating the food product, one can be as glamorous or good looking as they. Examples might be a gorgeous executive or a rugged athlete.

Having Fun Technique: Features people enjoying themselves in activities, such as skiing, playing tennis or golf, riding bicycles, bowling, or fishing. These advertisements say that you will have fun if you eat this food.

Comparison Technique: These advertisers say that their food choice is higher in nutrients like protein, vitamins, or minerals, for example, than the competition. They imply that you will be healthier if you eat what they are selling.

Status Appeal Technique: Features exclusive settings where you find only celebrities or the very wealthy. Such advertisements suggest that if you eat the food promoted, you will be like the rich and famous.

Join the Crowd Technique: Peer pressure is used by showing a large group having a good time. It hints that you will be included in their fun if you join them in eating a particular food product.

Symbol Technique: A symbol or a sign is used to suggest success, happiness, or some other concept. For example, a greyhound or a racehorse might exhibit speed in association with a logo. A tall tower might be used to suggest success.

Testimonial Technique: Consumers make statements on the effectiveness and success of the product. It implies that if you use this product you will have the same success as the person giving the testimonial.

Hero Endorsement Technique: These advertisers imply that using this product will make you like the person who endorsed the product. Usually a famous athlete or a television or movie star is featured.
